

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008441

1. Entity Name

NATURE COAST ECO-TOURISM ALLIANCE, INC.

Principal Place of Business

Mailing Address

521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3698768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIRGO, AMY
521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

Name

Amy Virgo

Street Address (P.O. Box Number is Not Acceptable)

521 SE Ft. Island Trail, Suite E

City

Crystal River

FL

Zip Code
34429

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Amy Virgo President

02-22-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME D
STREET ADDRESS VIRGO, AMY
CITY-ST-ZIP 521 SE FORT ISLAND TRAIL SUITE C
CRYSTAL RIVER FL 34429

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 631 SE 1st Ct.
CITY-ST-ZIP Crystal River, FL 34429

TITLE ☐ Delete
NAME D
STREET ADDRESS CLARDY, JOHN S III
CITY-ST-ZIP PO BOX 2410
CRYSTAL RIVER FL 34423

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS HOOD, LESTER
CITY-ST-ZIP 1114 SE 3RD AVE
CRYSTAL RIVER FL 34429

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Amy Virgo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-22-02 352-564-9371

80038378



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)