

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90174 010 ****61.25

0062013

DOCUMENT # NO1000002682

1. Entity Name

NATURE COAST VOLLEYBALL CLUB, INC.



Principal Place of Business

**2769 W. FAIRWAY LOOP
CITRUS SPRINGS FL 34434**

Mailing Address

**2769 W. FAIRWAY LOOP
CITRUS SPRINGS FL 34434**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3732271**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CEPARANO, JOHN J
7601 N. FLORIDA AVE.
CITRUS SPRINGS FL 34434**

7. Name and Address of New Registered Agent

Name **KATHLEEN A. ALLEN**

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

2769 W. FAIRWAY LOOP

City **Citrus Springs**

FL

Zip Code

34434

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Kathleen A. Allen

(NOTE: Registered Agent signature required when reinstating)

28 APR 03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **ALLEN, KATHLEEN A**
STREET ADDRESS **2769 W. FAIRWAY LOOP**
CITY-ST-ZIP **CITRUS SPRINGS FL 34434**

TITLE **VPD** ☐ Delete
NAME **MALTESE, NICK**
STREET ADDRESS **520 N. CROOKED BRANCH DRIVE**
CITY-ST-ZIP **LECANTO FL 34461**

TITLE **SD** ☐ Delete
NAME **EMPERLAY, NANCY**
STREET ADDRESS **981 W. OLYMPIA STREET**
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1520 N. CROOKED BRANCH DRIVE**
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **EMBERLEY**
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Kathleen A. Allen **REQUIRED**

28 APR 03

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CR2E037 (10/02)