

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

0003748

DOCUMENT # N01000003949

1. Entity Name

NATURE FIRST, INC.



FILED

04 APR 26 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

2430 AVENIDA DE-SOL  
NAVARRE FL 32566

Mailing Address

2430 AVENIDA DE-SOL  
NAVARRE FL 32566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number 31-1777866

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

HUFF, MICHAEL J  
2430 AVENIDA DE-SOL  
NAVARRE FL 32566

## 7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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 FeesMake Check Payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete  
NAME HUFF, MICHAEL J  
STREET ADDRESS 2430 AVENIDA DE-SOL  
CITY-ST-ZIP NAVARRE FL 32566TITLE D ☐ Delete  
NAME HUFF, KAREN S  
STREET ADDRESS 2430 AVENIDA DE-SOL  
CITY-ST-ZIP NAVARRE FL 32566TITLE D ☐ Delete  
NAME GRIGGS, CATHY  
STREET ADDRESS 17124 TUSCANOOGA RD  
CITY-ST-ZIP GROVELAND FLTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME 800034522188  
STREET ADDRESS 04/29/04--01009--003 \*\*61.25  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Huff

Jan 10, 2003

(850) 246-1773

CR2E037 (10/02)