

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2002 8:00 am  
Secretary of State

04-02-2002 90087 001 \*\*\*\*61.25  
04-02-2002 90087 002 \*\*\*\*\*8.75

0065324

DOCUMENT # N01000006421

1. Entity Name

CONCERNED CITIZENS OF THE NATURE COAST, INC.

Principal Place of Business

Mailing Address

P.O. BOX 2572  
CHIEFLAND FL 32644

P.O. BOX 2572  
CHIEFLAND FL 32644

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

59-3740709

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

LONG, ANNETTE  
01363 SPRING LAKE RD  
FRUITLAND PARK FL 34731

Name LONG, ANNETTE

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

12651 NW 117th Avenue

City Chiefland

FL

Zip Code

32626

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 Annette Long

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

(NOTE: Registered Agent signature required when reinstating)

2/28/02

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 PD ☒ Delete  
NAME PERRAS, PAUL E  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE VD ☒ Delete  
NAME TRUTT, TAMMIE  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE STD ☐ Delete  
NAME LONG, ANNETTE  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE D ☒ Delete  
NAME FINK, SANDY  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE D ☐ Delete  
NAME FISHBAUGH, KAREN  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE D ☐ Delete  
NAME REDMOND, LAYNE  
STREET ADDRESS P.O. BOX 2572  
CITY-ST-ZIP CHIEFLAND FL 32644

TITLE President-Director ☐ Change ☒ Addition  
NAME Sandy Fink  
STREET ADDRESS P.O. Box 2572  
CITY-ST-ZIP Chiefland, FL 32644

TITLE Vice President-Director ☐ Change ☒ Addition  
NAME Valeria Hutchinson  
STREET ADDRESS P.O. Box 2572  
CITY-ST-ZIP Chiefland, FL 32644

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

TITLE Director ☐ Change ☒ Addition  
NAME Jean DeCosta  
STREET ADDRESS P.O. Box 2572  
CITY-ST-ZIP Chiefland, FL 32644

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Annette Long Secretary/Treasurer 2/28/02 352-490-8930

CR2E037 (9/01)