

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48277

1. Entity Name

FURPERSON RETREAT INC.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90010 032 ****70.00

Principal Place of Business 4320 NEFF LAKE ROAD BROOKSVILLE FL 34601-8012 US	Mailing Address 4320 NEFF LAKE ROAD BROOKSVILLE FL 34601-8012 US
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DO NOT WRITE IN THIS SPACE

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 59-3141320	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COSTON, ELIZABETH
4320 NEFF LAKE RD.
BROOKSVILLE FL 34601**

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.

SIGNATURE *Elizabeth Coston* **ELIZABETH COSTON** **DIRECTOR** **2/3/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **PRESIDENT** 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

TITLE	DP	<input type="checkbox"/> Delete
NAME	COSTON, ELIZABETH	
STREET ADDRESS	4320 NEFF LAKE RD	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DERICKSON, PATTI ANN	
STREET ADDRESS	781 VILLAGE LAKE TER N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CENTER, BARBARA	
STREET ADDRESS	621 12TH ST NW	
CITY-ST-ZIP	LARGO FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CENTER, CLARENCE E	
STREET ADDRESS	621 12TH ST. NW	
CITY-ST-ZIP	LARGO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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: *Elizabeth Coston* **ELIZABETH COSTON** **DIRECTOR** **2/3/00**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #