

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0079445

05-16-2001 90368 015 ****61.25

DOCUMENT # N48277

1. Entity Name

FURPERSON RETREAT INC.

Principal Place of Business

**4320 NEFF LAKE ROAD
 BROOKSVILLE FL 34601-8012
 US**

Mailing Address

**4320 NEFF LAKE ROAD
 BROOKSVILLE FL 34601-8012
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3141320

Applied For

Not Applicable

Zip

Country

Zip

Country

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 _____

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

TITLE Delete
 NAME **DP COSTON, ELIZABETH**
 STREET ADDRESS **4320 NEFF LAKE RD**
 CITY-ST-ZIP **BROOKSVILLE FL**

TITLE Delete
 NAME **DV DERICKSON, PATTI ANN**
 STREET ADDRESS **781 VILLAGE LAKE TER N**
 CITY-ST-ZIP **ST PETERSBURG FL**

TITLE Delete
 NAME **DS CENTER, BARBARA**
 STREET ADDRESS **621 12TH ST NW**
 CITY-ST-ZIP **LARGO FL**

TITLE Delete
 NAME **DT CENTER, CLARENCE E**
 STREET ADDRESS **621 12TH ST. NW**
 CITY-ST-ZIP **LARGO FL**

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
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 REEL: ELIZABETH COSTON 5/16/01 352-796-4104

CR2E037 (10/00)