

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004916

1. Entity Name

FLORIDA'S NATURE COAST COALITION, INC.

**FILED**  
**Jun 06, 2000 8:00 am**  
**Secretary of State**

06-06-2000 90173 025 \*\*\*\*61.50

Principal Place of Business

Mailing Address

428 N JEFFERSON ST  
PERRY FL 32347  
US

PO BOX 892  
PERRY FL 32348-0892  
US

2. Principal Place of Business

3. Mailing Address

16110 AVIATION LOOP DR P.O. Box 850

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SPRING HILL FL

CEAR KEY, FL

Zip

Zip

Country

Country

34609

32625

USA

4. FEI Number

59-2997628

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

DEMING, WILLIAM M  
428 NORTH JEFFERSON STREET  
POST OFFICE BOX 892  
PERRY FL 32348

~~DELETE~~

Name

SHRADER, MILLER

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

490 DOCK STREET, PO Box 850

City

CEAR KEY

FL

Zip Code

32625

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]*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☒ Delete  
NAME DEMING, WILLIAM M  
STREET ADDRESS 615 N JEFFERSON ST  
CITY-ST-ZIP PERRY FL 32347

TITLE T D ☐ Change ☒ Addition  
NAME MILLER, SHRADER  
STREET ADDRESS P.O. Box 850, 490 DOCK ST.  
CITY-ST-ZIP CEDAR KEY, FL 32625

TITLE D ☐ Delete  
NAME BOWEN, DALE  
STREET ADDRESS 1624 NO. MEADOWCREST BLVD.  
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE P ☐ Change ☒ Addition  
NAME SUE RUPE  
STREET ADDRESS 16110 AVIATION LOOP DRIVE  
CITY-ST-ZIP SPRINGHILL, FL 34609

TITLE P ☐ Delete  
NAME CRAVEN, MARY  
STREET ADDRESS 3600 SOVEREIGN PATH #114  
CITY-ST-ZIP LECANTO FL 34461-7727

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

TITLE D ☒ Delete  
NAME MILLER, SHRADER  
STREET ADDRESS PO BOX 810  
CITY-ST-ZIP CEDAR KEY FL 32625

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

TITLE D ☐ Delete  
NAME SAMS, NOEL  
STREET ADDRESS 10355 PARADISE BLVD., #209  
CITY-ST-ZIP TREASURE ISLAND FL 33706

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

TITLE D ☐ Delete  
NAME KEELE, JANE  
STREET ADDRESS 20760 RIVER DRIVE  
CITY-ST-ZIP DUNNELLON FL 34431

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

SHRADER, MILLER

Date

2/20/00

Daytime Phone #

(752) 543-6323

CR2E037 (9/99)