

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000004916

1. Entity Name

FLORIDA'S NATURE COAST COALITION, INC.

Principal Place of Business

16110 AVIATION LOOP DR  
SPRING HILL FL 34609  
US

Mailing Address

PO BOX 850  
CEDAR KEY FL 32625  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

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 \$67.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
MILLER, SHRADER  
PO BOX 850 490 DOCK ST  
CEDAR KEY FL 32625

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
RUPE, SUE  
16110 AVIATION LOOP DR  
SPRINGHILL FL 34609

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Change Addition

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 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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 91122 040 \*\*\*\*61.25

80046134



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)