

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2001 8:00 am**  
**Secretary of State**

02-07-2001 90144 005 \*\*\*\*61.25

**DOCUMENT # N97000001875**

1. Entity Name

**NATURE COAST CHAPTER OF THE FLORIDA ASSOCIATION**

Principal Place of Business

1292 CEDAR CENTER DR  
TALLAHASSEE FL 32301  
US

Mailing Address

PO BOX 6477  
TALLAHASSEE FL 32314-6477  
US

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

**59-3440448**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SMITH, KAREN J WORDELL**  
**1292 CEDAR CENTER DRIVE**  
**TALLAHASSEE FL 32301**

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 **D** ☐ Delete  
NAME **FULLER, JOHN A**  
STREET ADDRESS **5623 U.S. HIGHWAY 19 #150**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ Delete  
NAME **MINCE, JOHN A**  
STREET ADDRESS **12342 US HWY 19**  
CITY-ST-ZIP **BAYONET POINT FL 34667**

TITLE **D** ☐ Delete  
NAME **LENNON, GORDON F**  
STREET ADDRESS **7711 GRAND BOULEVARD**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Delete  
NAME **EMSLIE, PETER J**  
STREET ADDRESS **8643 REGENCY PARK BLVD**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **D** ☐ Delete  
NAME **CREAMER, JEAN**  
STREET ADDRESS **1300 N. U.S. HIGHWAY 41, STE G**  
CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete  
NAME **VARNEY, DENISE**  
STREET ADDRESS **1 N.W. HIGHWAY 19**  
CITY-ST-ZIP **CRYSTAL RIVER FL 34428**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5618 QUEENER AVE**  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11161 SPRING HILL DR**  
CITY-ST-ZIP **SPRING HILL, FL 34609**

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

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **5616 QUEENER AVE**  
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
NAME **DENISE BURKE**  
STREET ADDRESS **9030 FT. ISLAND TRAIL, SUITE 8 B**  
CITY-ST-ZIP **CRYSTAL RIVER, FL 34429**

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 #

**2/1/01**

**727-846-9365**

CR2E037 (10/00)