

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000161

1. Entity Name

NATURE COAST ATHLETIC AUTHORITY, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90103 044 ****61.25

Principal Place of Business	Mailing Address
6206 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429	6206 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429-2694

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-3487358	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VANNESS, THOMAS M JR.
6206 W. CORPORATE OAKS DRIVE
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name

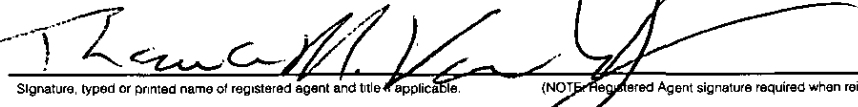
Street Address (P.O. Box Number is Not Acceptable)

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  DATE 2-24-00

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> Delete
NAME	VANESS, THOMAS M JR	
STREET ADDRESS	6206 W. CORPORATE OAKS DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGEMAYR, KURT T	
STREET ADDRESS	6206 W. CORPORATE OAKS DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHEELER, DICK	
STREET ADDRESS	6206 W. CORPORATE OAKS DR.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (9/99)