

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 02, 2002 8:00 am**
Secretary of State

04-02-2002 90065 024 ****61.25

0069372

DOCUMENT # N98000000161

1. Entity Name

NATURE COAST ATHLETIC AUTHORITY, INC.

Principal Place of Business

**6206 W. CORPORATE OAKS DR.
CRYSTAL RIVER FL 34429**

Mailing Address

**6206 W. CORPORATE OAKS DR.
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

1205 N. Meeting Tree Blvd.

3. Mailing Address

1205 N. Meeting Tree Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Crystal River, FL 34429

City & State

Crystal River, FL 34429

4. FEI Number

59-3487358

Applied For

Not Applicable

Zip

34429

Country

Zip

34429

Country

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

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

Name

Same

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

1205 N. Meeting Tree Blvd.

City

Crystal River

FL

Zip Code

34429

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

Thomas M. Van Ness

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-26-2002

DATE

FILE NOW: FEE IS \$61.259. 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D VANESS, THOMAS M JR 6206 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429	<input type="checkbox"/>	1205 N. Meeting Tree Blvd.	<input checked="" type="checkbox"/>
D LANGEMAYR, KURT T 6206 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429	<input type="checkbox"/>	1205 N. Meeting Tree Blvd.	<input checked="" type="checkbox"/>
D WHEELER, DICK 6206 W. CORPORATE OAKS DR. CRYSTAL RIVER FL 34429	<input type="checkbox"/>	1205 N. Meeting Tree Blvd.	<input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:*Thomas M. Van Ness*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3/24/02**
Date**795-1444**
Daytime Phone #

CR2E037 (9/01)