

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90027 050 ****61.25

DOCUMENT # N98000001746

1. Entity Name

THE NATURE AND HERITAGE TOURISM ASSOCIATION OF P

Principal Place of Business

13205 US HWY ONE
 SUITE 530
 JUNO BEACH FL 33408

Mailing Address

13205 US HWY ONE
 SUITE 530
 JUNO BEACH FL 33408-2243

B0019401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0856324

Applied For

Not Applicable

Zip

Country

Zip

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

BISING GROUP, INC.
13205 U.S. HWY ONE
SUITE 530
JUNO BEACH FL 33408

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **LEHMANN, J CHARLES**
 STREET ADDRESS **254 RIVER DRIVE**
 CITY-ST-ZIP **TEQUESTA FL 33459**

TITLE **D** ☐ Change ☒ Addition
 NAME **STEVE BASS**
 STREET ADDRESS **1801 N. OCEAN AVE.**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE **D** ☐ Delete
 NAME **SMYTH, JOSEPH**
 STREET ADDRESS **10900 ST. RD. 703**
 CITY-ST-ZIP **N. PALM BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
 NAME **CHRIS DOYLE**
 STREET ADDRESS **11511 ELISON WILSON RD.**
 CITY-ST-ZIP **NORTH PALM BEACH, FL 33408**

TITLE **D** ☐ Delete
 NAME **BISING, GUY**
 STREET ADDRESS **13205 US HWY ONE, SUITE 531**
 CITY-ST-ZIP **JUNO BEACH FL 33408**

TITLE **D** ☐ Change ☒ Addition
 NAME **Richard Clegg**
 STREET ADDRESS **18091 COASTAL RD A1A**
 CITY-ST-ZIP **JUPITER, FL 33477**

TITLE **D** ☐ Delete
 NAME **MURRAY, MARGE**
 STREET ADDRESS **98 LAKE DR.**
 CITY-ST-ZIP **PALM BEACH SHORES FL 33404**

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

TITLE **D** ☐ Delete
 NAME **HOPPE, LINDA**
 STREET ADDRESS **100 AUSTRALIAN AVE.**
 CITY-ST-ZIP **W. PALM BEACH FL 33406**

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

TITLE **D** ☐ Delete
 NAME **BAILEY, ERIC**
 STREET ADDRESS **16346 106TH TERRACE**
 CITY-ST-ZIP **JUPITER FL 33478**

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

Date

Daytime Phone #

Guy Bising 02/08/00 561 224 900