

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006304

1. Entity Name

NATURE COAST SENIOR SERVICES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90844 031 \*\*\*\*61.25

Principal Place of Business

Mailing Address

POST OFFICE BOX 1636  
CHIEFLND FL 32644

POST OFFICE BOX 1636  
CHIEFLAND FL 32644-1636

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

59-3605606

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

LANCASTER, SHEREE H  
109 ESAT WADE STREET  
TRENTON FL 32693

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 MOUNT, ROBERT  
STREET ADDRESS POST OFFICE BOX 1416  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE ☐ Change ☐ Addition  
NAME Jackie Alexander  
STREET ADDRESS PO Box 976  
CITY-ST-ZIP Chiefland, FL 32644

TITLE D ☐ Delete  
NAME KING, DOUG  
STREET ADDRESS POST OFFICE BOX 725  
CITY-ST-ZIP CHIEFLND FL 32644

TITLE ☐ Change ☐ Addition  
NAME W.S. Yearty  
STREET ADDRESS PO Box B  
CITY-ST-ZIP Gulf Hammock, FL 32639

TITLE D ☐ Delete  
NAME MOTT, WILLIAM  
STREET ADDRESS POST OFFICE BOX 2497  
CITY-ST-ZIP CHIEFLND FL 32644

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

TITLE D ☐ Delete  
NAME TILLIS, MELBA  
STREET ADDRESS 1551 NE HWY 27 ALT.  
CITY-ST-ZIP CHIEFLND FL 32626

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

TITLE D ☐ Delete  
NAME GRAHAM, ALICE  
STREET ADDRESS 3250 NW 52 COURT  
CITY-ST-ZIP CHIEFLND FL 32626

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

TITLE D ☐ Delete  
NAME HEBRON, TRACY  
STREET ADDRESS 1105 NW 23 AVENUE #A  
CITY-ST-ZIP CHIEFLND FL 32626

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 #

4-28-00 352-493-0805

CR2E037 (9/99)