

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000029129

1. Entity Name

FLORIDA'S NATURE COAST PUBLISHING, INC.

Principal Place of Business

10450 NORTHCLIFFE BOULEVARD
SPRING HILL FL 34608

Mailing Address

P.O. BOX 5348
SPRING HILL FL 3461-1

2. Principal Place of Business

10480 Northcliffe Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3633843

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name John M. Gonzalez

Street Address (P.O. Box Number is Not Acceptable)
8430 Kenway Street

City Spring Hill

FL

Zip Code 34608

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☒
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, JOHN M
STREET ADDRESS 10450 NORTHCLIFFE BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE STD
NAME GONZALEZ, LORI A
STREET ADDRESS 10450 NORTHCLIFFE BOULEVARD
CITY-ST-ZIP SPRING HILL FL 34608 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 10480 Northcliffe Blvd ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Correction

TITLE
NAME
STREET ADDRESS 10480 Northcliffe Blvd ☒ Change ☐ Addition
CITY-ST-ZIP ☒ Correction

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

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 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

LORI A. Gonzalez 1-10-01

Date

Daytime Phone #

352-666-7333

FILED

Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90020 014 ***150.00

00004187



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

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