## 2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## May 17, 2001 8:00 am Secretary of State DOCUMENT # P00000090493 NATURE COAST REAL ESTATE INVESTMENTS, INC. 05-17-2001 91355 048 \*\*\*150.00 Principal Place of Business Mailing Address 14232 KING RICHARDS TRAIL 14232 KING RICHARDS TRAIL HUDSON FL 34669 HUDSON FL 34669 2. Principal Place of Business 3. Mailing Address 14232 King Same Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4ud 500 City & State 4. FEI Number Applied For FC Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired $\Box$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Step hen うけぞい SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 10120 Chestrut Zip Code 7 4 66 9 City 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. 5 - / - 0 ) DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) $\Box$ Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **PSTD** TITI F ☐ Delete TITLE Change Addition STARR, STEPHEN NAME NAME STREET ADDRESS 14232 KING RICHARDS TRAIL STREET ADDRESS CITY-ST-ZIP HUDSON FL 34669 CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE Delete. Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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

Daytime Phone #

Date