# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP -3 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300022700383
09/02/03--01047--011 **558.75

DOCUMENT # P01000113964

1. Entity Name
GREATER NATURE COAST VISITOR'S CENTER, INC.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4018 S Suncoast Blvd. | 4018 S. Suncoast Blvd. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Homosassa, FL | City & State: Homosassa, FL |
| Zip: 34446 Country: Citrus | Zip: 34446 Country: Citrus |

4. FEI Number: 59-3760431 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**7. Name and Address of Current Registered Agent**

Name: Thomas Hogan, Jr.

Street Address (P.O. Box Number is Not Acceptable): 20 S. Broad Street

City: Brooksville FL Zip Code: 34601

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mike Peek 4018 S. Suncoast Blvd., Homosassa, FL 34446 DATE: 8-12-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | DPST |
| NAME | Mike Peek |
| STREET ADDRESS | 4018 S. Suncoast Blvd. |
| CITY-ST-ZIP | Homosassa, FL 34446 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Mike Peek 8-12-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)