

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P92000012256**

1. Entity Name

**NATURE COAST TITLE CO., INC.**

Principal Place of Business

659 N.E. HWY 19  
CRYSTAL RIVER FL 34429  
US

Mailing Address

659 N.E. HWY 19  
CRYSTAL RIVER FL 34429  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3154585**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**LYONS, SCOTT G  
6230 W. RIO GRANDE DR.  
BEVERLY HILLS FL 34465**

7. Name and Address of New Registered Agent

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

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 ☒ Delete**V  
BUTA, BRENDA L  
3890 S CEDAR TERR  
HOMOSASSA FL**TITLE ☐ Delete**PT  
LYONS, SCOTT G  
6230 W. RIO GRANDE DR  
BEVERLY HILLS FL 34465**TITLE ☐ Delete**S  
LYONS, SHERYL A  
6230 W. RIO GRANDE DR  
BEVERLY HILLS FL 34465**TITLE ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☒ Change ☐ Addition**VS  
LYONS, SHERYL A**NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**Scott G Lyons**

Date

Daytime Phone #

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90052 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2ED34 (10/00)