

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082404

1. Entity Name

NATURE COAST INDUSTRIES OF CEDAR KEY, INC.

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

05-18-2000 90338 043 ***158.75

Principal Place of Business

4050 G ST., UNIT 103
CEDAR KEY FL 32625

Mailing Address

317 NE 35TH AVE
GAINESVILLE FL 32609-2313
US

2. Principal Place of Business

317 NE 35th Avenue

3. Mailing Address

Suite, Apt. #, etc.

City & State

Gainesville, Florida

City & State

Zip

32609

Country

USA

Zip

Country

4. FEI Number

59-3340290

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

CHAMBERLAIN, STEVEN M
1 SE 1ST AVE.
GAINESVILLE FL 32601

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GRIFFIS, AUBREY	
STREET ADDRESS	704 6TH ST.	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	DELAINO, WILLIAM E	
STREET ADDRESS	PO BOX 158 N/A	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	ST	<input type="checkbox"/> Delete
NAME	OLDERMAN, RUSSELL	
STREET ADDRESS	PO BOX 267 N/A	
CITY-ST-ZIP	CEDAR KEY FL 32625	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	OLDERMAN, DAVID	
STREET ADDRESS	40 COUNTRY RD. VILLAGE OF GOLF	
CITY-ST-ZIP	BOYNTON BCH FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, THOMAS C	
STREET ADDRESS	401 CLINTON STREET	
CITY-ST-ZIP	DEFIANCE OH	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2000

352-543-9903
Daytime Phone #

CR2E034 (9/99)