

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000007594

1. Entity Name

**INVERNESS FARMS REALTY GROUP, INC.**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90184 009 \*\*\*150.00

Principal Place of Business

Mailing Address

574 LITTLE JOHN ROAD  
 INVERNESS FL 34450  
 US

574 LITTLE JOHN RD  
 INVERNESS FL 34450  
 US

2. Principal Place of Business

3. Mailing Address

*574 Little John Ave*  
 Suite, Apt. #, etc.

*574 Little John Ave*  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

*Inverness Florida*

City & State

*Inverness Florida 34450*

4. FEI Number

**59-3432214**

Applied For

Not Applicable

Zip

*34450*

Country

*CITRUS*

Zip

Country

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

**COUCH, RICHARD M**  
**574 LITTLE JOHN ROAD**  
**INVERNESS FL 34450**

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]*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*3/20/00*  
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PS	<b>COUCH, RICHARD M.</b>	<b>574 LITTLE JOHN RD</b>	<b>INVERNESS FL 34450</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

*3/20/00*  
 Date

*352-344-8018*  
 Daytime Phone #

CR2E034 (9/99)