

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90080 006 \*\*\*150.00

DOCUMENT # **P97000007594**

1. Entity Name  
**INVERNESS FARMS REALTY GROUP, INC.**

Principal Place of Business <b>574 LITTLE JOHN ROAD                  INVERNESS FL 34450                  US</b>	Mailing Address <b>574 LITTLE JOHN RD                  INVERNESS FL 34450                  US</b>
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2. Principal Place of Business <b>1045 E. NORVELL BRYANT Hwy</b> Suite, Apt. #, etc.	3. Mailing Address <b>1045 E. NORVELL BRYANT Hwy</b> Suite, Apt. #, etc.
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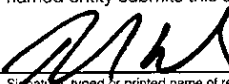
City & State <b>HERNANDO Florida</b>	City & State <b>HERNANDO Florida</b>
Zip <b>34442</b>	Zip <b>34442</b>
Country <b>CITRUS</b>	Country <b>CITRUS</b>

4. FEI Number **59-3432214** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**COUCH, RICHARD M  
 574 LITTLE JOHN ROAD  
 INVERNESS FL 34450**

7. Name and Address of New Registered Agent  
 Name **Richard M. Couch**  
 Street Address (P.O. Box Number is Not Acceptable)  
**574 S. Little John Ave**  
 City **Inverness** FL Zip Code **34450**

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  **Richard M. Couch** DATE **3/6/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
**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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS COUCH, RICHARD M 574 LITTLE JOHN RD INVERNESS FL 34450</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Richard M. Couch** DATE **3/6/2001** Daytime Phone # **352-344-8018**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)