2002 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2002 8:00 am Secretary of State DOCUMENT # P99000013733 1. Entity Name 03-06-2002 90075 024 ***150.00 NATURE COAST TOURISM DEVELOPMENT, INC. Principal Place of Business Mailing Address 547 WEST FORT ISLAND TRAIL P.O. BOX 979 HOMOSASSA SPRINGS FL 34447 BLDG, B . STE, B CRYSTAL RIVER FL 34429 2. Principal Place of Business 3. Mailing Address 521 SE Ft Island TR #K Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite E 3563151 59-3853151 Ge + Hacked City & State City & State Applied For 4. FEI Number Crystal River, Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 34429 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <u>Virgo</u> Amy VIRGO, AMY L Street Address (P.O. Box Number is Not Acceptable) 1117 S.E. PARADISE AVENUE 1st Ct **CRYSTAL RIVER FL 34429** ^{City}Crysta1 River Zip Code 34429 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 (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12 ☐ Addition CR2F034 (9/01 TITLE Y Change TITLE ☐ Delete VIRGO, AMY NAME NAME STREET ADDRESS 1117 SE PARADISE AVENUE STREET ADDRESS 631 SE 1st Ct. CITY-ST-ZIP FL 34429 CITY-ST-ZIP **CRYSTAL RIVER FL 34429** Crystal River, Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

an address, with all other like empowered.

changed, or on an attach

SIGNATURE:

FILED