2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037969

1. Entity Name

Neptune's Reef Florida, Inc.

FILED
00 DEC 26 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10 East Magnolia Ave. Eustis, Florida 32726	

2. Principal Place of Business	3. Mailing Address
10 E. Magnolia Ave.	10 E. Magnolia Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis, Florida 32726	City & State: Eustis, Florida 32726
Zip: 32726 / Country: Lake	Zip: 32726 / Country: Lake

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 2000

4. FEI Number 59-3573894 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

Morris, William G.
247 No. Collier Boulevard
Suite 202
Marco Island, Florida 34145

7. Name and Address of New Registered Agent

Name: Smith, Linda D.
Street Address (P.O. Box Number is Not Acceptable): 1956 Magnolia Circle
City: Tavares FL Zip Code: 32778

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 Linda D. Smith
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Webster, Gary 16601 Adelaide Lane Mt. Dora, FL ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 800003524088--8 -01/04/01--01108--010 ****750.00 ****750.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Webster, Tracy 16601 Adelaide Lane Mr. Dora, Florida ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition LS
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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:X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gary Webster Director