

2000 UNIFORM BUSINESS REPORT (UBR)

5/

DOCUMENT # P99000090805

1. Entity Name

NATURAL RESOURCES GROUP OF FLORIDA, INC.

FILED
Jun 01, 2000 8:00 am
Secretary of State

05-05-2000 90086 004 ***150.00

Principal Place of Business 10330 WEST WEISMAN COURT CRYSTAL RIVER FL 34429-5208	Mailing Address 10330 WEST WEISMAN COURT CRYSTAL RIVER FL 34429-5208
--	--

2. Principal Place of Business One Weisman Court Suite, Apt. #, etc.	3. Mailing Address One Weisman Court Suite, Apt. #, etc.
--	--

City & State Crystal River, Florida	City & State Crystal River, Florida	4. FEI Number 59-3630401	Applied For <input type="checkbox"/> Not Applicable
Zip 34429	Country USA	Zip 34429	Country USA



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent BARNETT, LESLIE J ESQ 601-BAYSHORE BLVD., SUITE 700 TAMPA FL 33606	7. Name and Address of New Registered Agent 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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	D WEISMAN, LEONARD M 10330 WEST WEISMAN COURT CRYSTAL RIVER FL 34429-5208 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES Leonard M. Weisman One Weisman Court Crystal River, FL 34429 <input type="checkbox"/> Change <input checked="" 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
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
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
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
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: Leonard M. Weisman, President (352)795-7711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4-24-00 Daytime Phone #