

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90038 046 ***150.00

0482139 AV

DOCUMENT # P99000093872

1. Entity Name
NATUREGLADES RESORT, INC.

Principal Place of Business

**4550 TILTON CT.
 FT. MYERS FL 33907**

Mailing Address

**4550 TILTON CT.
 FT. MYERS FL 33907**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0959938

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CONLYN, ANDREW
 4550 TILTON CT.
 FT. MYERS FL 33907**

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

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, 2002 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

TITLE **P** ☐ Delete
NAME **CONLYN, ANDREW**
STREET ADDRESS **OAKLAND AVE**
CITY-ST-ZIP **PINE ISLAND FL 33922**

TITLE **S** ☐ Delete
NAME **LARREAU, SUE**
STREET ADDRESS **21509 GLORY RD**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE **T** ☐ Delete
NAME **HOTALING, DEAN**
STREET ADDRESS **3515 PINE CONE DR**
CITY-ST-ZIP **CLEARWATER FL 33780**

TITLE **V** ☐ Delete
NAME **HITZEMAN, RUSSELL**
STREET ADDRESS **3619 BARBADOS DR**
CITY-ST-ZIP **AUGUSTA GA 30909**

TITLE **VF** ☐ Delete
NAME **TALBOTT, RALPH**
STREET ADDRESS **13 TURTLE BACK TRAIL**
CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14, 2002 **941 275 8781**
 Date Daytime Phone #

CR2E034 (9/01)