

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000099613

1. Entity Name
BLACK BUTTE NAUTILUS, INC.

FILED
May 05, 2000 8:00 am
Secretary of State

05-05-2000 90028 044 ***150.00

Principal Place of Business Mailing Address
1899 SOUTHWEST CRANE CREEK AVENUE **POST OFFICE BOX 485**
PALM CITY FL 34990 **PALM CITY F: 34991-0485**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0961284** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **Donald M. Coon**
Street Address (P.O. Box Number is Not Acceptable)
1899 SW Crane Creek Ave.
City **Palm City** **FL** Zip Code **34990**

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  **Donald M. Coon, President** **April 25, 2000**
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, DONALD M	
STREET ADDRESS	1899 SOUTHWEST CRANE CREEK AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHIMIENTI, DAVID W	
STREET ADDRESS	1899 SOUTHWEST CRANE CREEK AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CHIMIENTI, VALERIE H	
STREET ADDRESS	1899 SOUTHWEST CRANE CREEK AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	SD	<input type="checkbox"/> Delete
NAME	COON, ANNA M	
STREET ADDRESS	1899 SOUTHWEST CRANE CREEK AVENUE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Donald M. Coon** **4/25/00** **561-220-3193**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)