

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90007 036 \*\*\*150.00

**DOCUMENT # 248500**

1. Entity Name

**SUPERIOR COACH OF FLORIDA INC**

Principal Place of Business

Mailing Address

6647 NORTH ORANGE BLOSSOM TR.  
 P. O. BOX 607904  
 ORLANDO FL 32860-4904

6647 NORTH ORANGE BLOSSOM TR.  
 P. O. BOX 607904  
 ORLANDO FLA 32860-7904

00015265

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 **59-0936819**

Applied F  
 Not Appli

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZAFFRAN, DANIEL E**  
**6647 N. ORANGE BLOSSOM TRAIL**  
**ORLANDO FL 32810**

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, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May  
 Added to Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PTD</b>	<input type="checkbox"/> Delete
NAME	<b>ZAFFRAN, DANIEL</b>	
STREET ADDRESS	<b>2520 MOHAWK TR</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>ZAFFRAN, THEODORE</b>	
STREET ADDRESS	<b>1225 PK GREEN PLACE</b>	
CITY-ST-ZIP	<b>WINTER PARK FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change	<input type="checkbox"/>
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, or in an attachment with my address, with all other names empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-00** **407-298-10**  
 Date Day/Mo/Yr