

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 23 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #
1. Entity Name **Coach Estates, Inc.**
329647

Principal Place of Business Mailing Address
2411 JACKSON BLUFF RD
Tallahassee, FL 32304

2. Principal Place of Business 3. Mailing Address
2411 Jackson Bluff Rd
Suite, Apt. #, etc.

City & State **Tallahassee FL** City & State **Tallahassee FL**
Zip **32304** Country **USA** Zip **32304** Country **USA**

4. FEI Number **59-1230584** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
Jim Bailey
2411 Jackson Bluff
Tallahassee, FL 32304

7. Name and Address of New Registered Agent
Name **PAUL ALLEN JR**
Street Address (P.O. Box Number is Not Acceptable)
2121 West Tennessee St
City **Tallahassee** FL **32304**

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 **Paul Allen Jr** DATE **5/23/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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 **PAUL ALLEN JR** ☐ Delete
NAME **PAUL ALLEN JR**
STREET ADDRESS **2121 W. TENNESSEE ST**
CITY-ST-ZIP **Tallahassee FL 32304**
TITLE **Pres** ☐ Delete
NAME **JIM BAILEY**
STREET ADDRESS **2411 JACKSON BLUFF**
CITY-ST-ZIP **Tallahassee, FL 32304**
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE **PAUL ALLEN JR** ☐ Change ☒ Addition
NAME **PAUL ALLEN JR**
STREET ADDRESS **2121 W. TENNESSEE ST**
CITY-ST-ZIP **Tallahassee, FL 32304**
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
200003273932--6
-06/01/00--01076--009
*****81.25 *****81.25
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul Allen Jr** Date **5/23/00** Daytime Phone # **5766121**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)