

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 329647

1. Entity Name **COACH Estates, INC.**

Principal Place of Business **2411 Jackson Bluff Rd Tallahassee, FL 32304**

Mailing Address **2121 W. Tennessee St Tallahassee, FL 32304**

2. Principal Place of Business **2411 Jackson Bluff Rd**

3. Mailing Address **2121 W. Tenn St**

Suite, Apt. #, etc.

FILED
01 DEC 31 AM 9 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

City & State **Tallahassee FL**

City & State **Tallahassee FL**

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
PACE Allen
2121 W. Tennessee St
Tallahassee, FL 32304

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST-PACE Allen	<input type="checkbox"/> Delete	TITLE 000004755370-6	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 2121 W. Tennessee St		NAME -01/07/02--01048--001	
STREET ADDRESS Tallahassee, FL 32304		STREET ADDRESS ****150.00 ****150.00	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: **Pace Allen** Date **12-27-01** Daytime Phone # **850-576-6121**

CR2604 (4/00)

Coach Estates Inc.
2121 W. Tennessee St
Tall FL 32307

To: See State

This letter confirms the fact
that I have received no notice
in 2001 of 2001 Uniform Business
Report.

Pat Allen, Pres
Coach Estates Inc

12-31-01
