

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 555451

1. Entity Name

CORAL HARBOR DEVELOPERS, INC.

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90074 002 ***150.00

Principal Place of Business

Mailing Address

375 UNIVERSITY CIR.
ATHENS GA 30605
US

P. O. BOX 80366
ATHENS GA 30608-0366
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ATHENS GA

Zip

Country

Zip

Country

30605

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1807172

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TITTLE, FRED
VAUGHN BUILDING
TAVERNIER FL 33070

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)

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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.

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\$5.00 May Be
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

DP

☐ Delete

NAME

COKER, J. A.

STREET ADDRESS

375 UNIVERSITY CIR

CITY-ST-ZIP

ATHENS GA

TITLE

D

☐ Delete

NAME

SAWDY, J W

STREET ADDRESS

507 COWSHED ROAD

CITY-ST-ZIP

LANCASTER VA

TITLE

SD

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NAME

TITTLE, FRED

STREET ADDRESS

VAUGHN BLDG

CITY-ST-ZIP

KEY LARGO, FL 00000

TITLE

D

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NAME

WOLAVER, R O

STREET ADDRESS

ORANGE BLOSSOM

CITY-ST-ZIP

KILAUEA HI

TITLE

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NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

John A. Coker JOHN A. COKER, PRESIDENT 2/3/2000 (706) 208-1745

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)