

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90227 003 *****61.25

04/26/01

DOCUMENT # 759121

1. Entity Name

COACH LIGHT MANOR ASSOCIATION, INC.

Principal Place of Business

**18050 S. TAMiami TRAIL
 FT MYERS FL 33908**

Mailing Address

**18050 S. TAMiami TRAIL
 FT MYERS FL 33908**

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

59-2110212

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

**MARTIN, RICHARD
 18050 S TAMiami TR
 #154
 FT. MYERS FL 33908**

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

Richard A. Martin **RICHARD A. MARTIN**

4/12/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HENNE, MARY R 18050 S TAMiami TR., #118 FT MYERES FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTIN, RICHARD 18050 S TAMiami TR., #154 FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOADLEY, DARREL 18050 S TAMiami TR #57 FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KISER, BETTY 18050 S TAMiami TR #99 FORT MYERS FL 33908	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Richard A. Martin **RICHARD A. MARTIN**

Date

4/12/01

Daytime Phone #

941-267-5732

CR2E037 (10/00)