

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 29, 2000 8:00 am**  
**Secretary of State**

02-29-2000 90149 033 \*\*\*\*61.25

**DOCUMENT # 762867**

1. Entity Name

**COACH RESIDENTS, INC.**

Principal Place of Business

Mailing Address

10 EAST LANE  
 COACH HOUSE  
 PALMETTO FL 34221

10 EAST LANE  
 COACH HOUSE  
 PALMETTO FL 34221-1907

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2187833**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

~~MOATS, WILLIAM~~  
~~13 LARKSPUR~~  
~~PALMETTO, FL 34221~~

Name *Thelma M Curry*  
 Street Address (P.O. Box Number is Not Acceptable)  
*#11 Jasmine Ave*  
 City *Palmetto* FL Zip Code *34221*

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 *Thelma M Curry, Treas.*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

*2/15/2000*  
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	VD	<input type="checkbox"/> Delete
NAME	DUNHAM, DUANE	
STREET ADDRESS	36 KINGSPORT	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FRIEDHABER, GEORGE	
STREET ADDRESS	46 NURIUM	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MOATS, WILLIAM	
STREET ADDRESS	13 LARKSPUR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEEUWENBERG, HAROLD	
STREET ADDRESS	41 LARKSPUR	
CITY-ST-ZIP	PALMETTO FL 34221	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WAHL, DOROTHY	
STREET ADDRESS	88 LARKSPUR ROAD	
CITY-ST-ZIP	PALMETTO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CURRY, THELMA	
STREET ADDRESS	11 JASMINE	
CITY-ST-ZIP	PALMETTO FL 34221	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Bacon	
STREET ADDRESS	2 HAREN	
CITY-ST-ZIP	PALMETTO, FL 34221	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Webster	
STREET ADDRESS	17 Imperial	
CITY-ST-ZIP	Palmetto FL 34221	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thelma M Curry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/15/2000*  
Date Daytime Phone #