

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90028 021 ****61.25

DOCUMENT # 762867
 1. Entity Name
COACH RESIDENTS, INC.

Principal Place of Business 10 EAST LANE COACH HOUSE PALMETTO FL 34221	Mailing Address 10 EAST LANE COACH HOUSE PALMETTO FL 34221
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713530



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>4907 28th Ave East</i>	3. Mailing Address <i>4907 28th Ave East</i>
Suite, Apt. #, etc. <i>Coach House</i>	Suite, Apt. #, etc. <i>Coach House</i>
City & State <i>Palmetto FL</i>	City & State <i>Palmetto FL</i>
Zip <i>34221</i>	Country <i>Manatee</i>

4. FEI Number 59-2187833	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CURRY, THELMA M
11 JASMINE AVE
PALMETTO FL 34221

7. Name and Address of New Registered Agent
 Name *Shirley M Doty*
 Street Address (P.O. Box Number is Not Acceptable)
22 Kingsport 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 *Shirley M Doty* *Shirley M Doty* DATE *2-5-01*
Signature, typed or printed name of registered agent and officer if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DUNHAM, DUANE 36 KINGSPO PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDHABER, GEORGE 46 NURIUM PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BACON, ROBERT 2 HAVEN PALMETTO FL 34221 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEUWENBERG, HAROLD 41 LARKSPUR PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WAHL, DOROTHY 88 LARKSPUR ROAD PALMETTO FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CURRY, THELMA 11 JASMINE PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Webster 17 Imperial Palmetto FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shirley M Doty 22 Kingsport Palmetto FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Corrie Wiersema 4 Kingsport Palmetto FL 34221 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Shirley M Doty* *Shirley M Doty* DATE *2-5-01* 941-722-7885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)