

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 04, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000005705

1. Entity Name
ANGOLA COACH, INC.

Principal Place of Business 385 S. 290 W ANGOLA IN 46703	Mailing Address P.O. BOX 301 ANGOLA IN 46703
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 35-2038646	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RODNEY LEE THOMPSON, SR.
 8345 N. STATE RD. 33

LAKELAND FL 33809
 US

7. Name and Address of New Registered Agent

Name
RODNEY LEE THOMPSON, SR

Street Address (P.O. Box Number is Not Acceptable)
8345 N. STATE RD. 33

City
LAKELAND FL Zip Code
33809

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 **RODNEY LEE THOMPSON, SR.**

01/04/2001

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)

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	
TITLE D NAME HOCKEMEYER PHIL STREET ADDRESS 8383 CRAIG ST., SUITE 240 CITY-ST-ZIP INDIANAPOLIS IN 46250	<input type="checkbox"/> Delete
TITLE D NAME ZEIGER JOHN STREET ADDRESS 10705 MONTE VISTA COURT CITY-ST-ZIP FT. WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE VCP NAME ELBRECHT MARK A STREET ADDRESS 5726 LEEWARD COVE CITY-ST-ZIP FT. WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE CS NAME ELLIS THOMAS P STREET ADDRESS 5726 LEEWARD COVE CITY-ST-ZIP FT. WAYNE IN 46804	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **MARK A. ELBRECHT**

PRES **01/04/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)