

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
46703

IN

Mailing Address

P.O. BOX 301

ANGOLA
46703

IN

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

35-2038646

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RODNEY LEE THOMPSON, SR.
8345 N. STATE RD. 33LAKELAND
33809

US

FL

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME HOCKEMEYER PHIL
STREET ADDRESS 8383 CRAIG ST., SUITE 240
CITY-ST-ZIP INDIANAPOLIS IN 46250TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE D ☐ Delete
NAME ZEIGER JOHN
STREET ADDRESS 10705 MONTE VISTA COURT
CITY-ST-ZIP FT. WAYNE IN 46804TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VCP ☐ Delete
NAME ELBRECHT MARK A
STREET ADDRESS 5726 LEEWARD COVE
CITY-ST-ZIP FT. WAYNE IN 46804TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE CS ☐ Delete
NAME ELLIS THOMAS P
STREET ADDRESS 5726 LEEWARD COVE
CITY-ST-ZIP FT. WAYNE IN 46804TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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)