

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90085 017 \*\*\*158.75

**DOCUMENT # F50785**

1. Entity Name

**FIRST CLASS COACH & EQUIPMENT, INC.**

Principal Place of Business

**88 E BROAD ST  
WINTER GARDEN FL 34787**

Mailing Address

**88 E BROAD ST  
WINTER GARDEN FL 34787**

2. Principal Place of Business

**SAME**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2139722**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**FEWELL, SCOTT T.**

**88 E BROAD ST**

**WINTER GARDEN FL 34787**

7. Name and Address of New Registered Agent

Name

**SAME**

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

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, 2002 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	<b>PST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FEWELL, SCOTT T</b>	
STREET ADDRESS	<b>2025 WILLOW LAUREN LANE</b>	
CITY-ST-ZIP	<b>WINDERMERE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DIRECTOR</b>	<input checked="" type="checkbox"/> Addition
NAME	<b>SINES, HENRY W</b>	
STREET ADDRESS	<b>800 S. DILLARD ST</b>	
CITY-ST-ZIP	<b>WINTER GARDEN, FL 34787</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FEWELL, SCOTT T</b>	
STREET ADDRESS	<b>10844 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>WINDERMERE FL 34786</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BAY, JAMES D</b>	
STREET ADDRESS	<b>10812 VERSAILLES</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHAPMAN, TOD</b>	
STREET ADDRESS	<b>17301 SUMMER OAK LN</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OBERT, RONALD K</b>	
STREET ADDRESS	<b>600 RIVER BURCH CT #525</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	<b>SECRETARY/TREASURER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEWELL-BEEBE, KAREN</b>	
STREET ADDRESS	<b>17326 SUMMER OAK LN</b>	
CITY-ST-ZIP	<b>CLERMONT, FL 34711</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FEWELL, SCOTT E</b>	
STREET ADDRESS	<b>10844 BAYSHORE DR</b>	
CITY-ST-ZIP	<b>WINDERMERE, FL 34786</b>	

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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01/07/02 407-656-1175

CR2E034 (9/01)