

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90066 017 ***150.00

DOCUMENT # F93000002303

1. Entity Name

MONACO COACH CORPORATION

Principal Place of Business

**91320 COBURG INDUSTRIAL WAY
 COBURG, OR 97408
 US**

Mailing Address

**91320 COBURG INDUSTRIAL WAY
 COBURG OR 97408
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **35-1880244**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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, 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	<input type="checkbox"/> Delete
NAME	KLUGER, MICHAEL J	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	NEPUTE, JOHN	
STREET ADDRESS	91320 COBURG INDUSTRIAL WAY	
CITY-ST-ZIP	COBURG OR 97408	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROUSE, RICHARD A	
STREET ADDRESS	275 E HILLCREST DR STE 203	
CITY-ST-ZIP	THOUSAND OAKS CA 91360	
TITLE	VS	<input type="checkbox"/> Delete
NAME	BOND, RICHARD	
STREET ADDRESS	606 NELSON'S PKWY	
CITY-ST-ZIP	WAKARUSA IN 46573	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TOOLSON, KAY	
STREET ADDRESS	91320 COBURG INDUSTRIAL WAY	
CITY-ST-ZIP	COBURG OR 97408	
TITLE	D	<input type="checkbox"/> Delete
NAME	RING, JR, CARL E	
STREET ADDRESS	1177 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10036	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CFO/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marty Daley	
STREET ADDRESS	91320 Coburg Industrial Way	
CITY-ST-ZIP	Coburg, OR 97408	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Nepute	
STREET ADDRESS	91320 Coburg Industrial Way	
CITY-ST-ZIP	Coburg, OR 97408	
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		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-31-01 (541)686-8011

CR2E034 (10/00)