

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Southern Coach, Inc.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90028 006 \*\*\*158.75

Principal Place of Business

Mailing Address

1985 N.W. 57th Street  
Ocala, FL 34475

00058595

2. Principal Place of Business

1985 N.W. 57 St.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

N/A

City & State  
Ocala, FL

City & State

Zip

34475

Country

USA

Zip

Country

4. FEI Number

59-2662919

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

7. Name and Address of New Registered Agent

Mark A. Lewis  
1985 N.W. 57th Street  
Ocala, FL 34475

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, 2000 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. NEW: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<u>President</u>	<input checked="" type="checkbox"/> Delete
NAME	Mark A. Lewis	
STREET ADDRESS	1697 N.W. 28 Place	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE	<u>Sec/Treasurer</u>	<input checked="" type="checkbox"/> Delete
NAME	Elizabeth H. Lewis	
STREET ADDRESS	1697 N.W. 28 Place	
CITY-ST-ZIP	Ocala, FL 34475	
TITLE	<u>Vice President</u>	<input checked="" type="checkbox"/> Delete
NAME	Darius Lewis	
STREET ADDRESS	1697 N.W. 28 Place	
CITY-ST-ZIP	Ocala, FL 34475	
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	<u>President</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marvin Hoff	
STREET ADDRESS	813 Berneice Llense Road	
CITY-ST-ZIP	Kinston, NC 28501	
TITLE	<u>Secretary</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mahlon Zimmerman	
STREET ADDRESS	204 South Conestoga View Dr.	
CITY-ST-ZIP	Akron, PA 17501	
TITLE	<u>Treasurer</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley S. Platt	
STREET ADDRESS	13864 SW Amberwood Circle	
CITY-ST-ZIP	Lake Oswego, OR 97035	
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		

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 Lewis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 5, 2000 352-351-1180

Date

Daytime Phone #

CR2E034 (9/99)