

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

0587112 AT

**DOCUMENT # L86530**

**1. Entity Name**  
**FANTASY MOTORCOACHES, INC.**

02-04-2002 90036 035 \*\*\*150.00

**Principal Place of Business**

**RT 5 BOX 6115**  
**MADISON FL 32340**  
**US**

**Mailing Address**

**RT 5 BOX 6115**  
**MADISON FL 32340**  
**US**



**2. Principal Place of Business**

**405 NE-ALYSSUM**  
**LOOP**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**MADISON FL**

**City & State**

**Zip**

**32340**

**Country**

**USA**

**Zip**

**Country**

**4. FEI Number**

**59-3019217**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**RAGANS, RONALD EDWARD**  
**RT 5 BOX 6114**  
**MADISON FL 32340**

**7. Name and Address of New Registered Agent**

**Name**

**Ronald EDWARD RAGANS**

**Street Address (P.O. Box Number is Not Acceptable)**

**377 NE ALYSSUM LOOP**

**City**

**MADISON**

**FL**

**Zip Code**

**32340**

**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** **PST** ☐ Delete  
**NAME** **RAGANS, RONALD EDWARD**  
**STREET ADDRESS** **RT 5 BOX 6114**  
**CITY-ST-ZIP** **MADISON FL**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **PST** ☒ Change ☐ Addition  
**NAME** **RAGANS, RONALD EDWARD**  
**STREET ADDRESS** **377 NE ALYSSUM LOOP**  
**CITY-ST-ZIP** **MADISON FL 32340**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**TITLE** ☐ 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:**

**Ronald Edward Ragans**  
**RONALD EDWARD RAGANS**

**1-17-02**

**Date**

**850**  
**973-2888**

**Daytime Phone #**

CR2E034 (9/01)