

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2001 8:00 am**  
**Secretary of State**  
 04-26-2001 90299 029 \*\*\*\*\*61.25

**DOCUMENT # N93000001644**

1. Entity Name

**E.E.H.O. ASS'N, INC.**

Principal Place of Business

12130 US HWY. 41, S.  
 LOT 38  
 GIBSONTON FL 33534  
 US

Mailing Address

12130 US HWY. 41, S.  
 LOT 62  
 GIBSONTON FL 33534  
 US

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

**65-0415613**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**COLLEEN S COOLEY**  
**12130 US HWY. 41, S.**  
**LOT 22**  
**GIBSONTON FL 33534**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOLEY, COLLEEN	
STREET ADDRESS	12130 US HWY 41 S LOT #22	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	COLLEEN COOLEY	
STREET ADDRESS	12130 US HWY. 41, S., LOT 22	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEPHEN, PAUL	
STREET ADDRESS	12130 US HWY 41 S LOT #158	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RENO, ETHEL	
STREET ADDRESS	12130 US 41 S LOT 38	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, PAUL	
STREET ADDRESS	12130 HWY 41 S LOT#	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Dozier	
STREET ADDRESS	12130 Hwy 41 So. Lot #62	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT BUCH	
STREET ADDRESS	12130 HWY 41 SO. Lot #54	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAT BUCH	
STREET ADDRESS	12130 Hwy 41 So. Lot #54	
CITY-ST-ZIP	GIBSONTON FL 33534	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNA ALEXANDER	
STREET ADDRESS	12130 Hwy 41 So. Lot #146	
CITY-ST-ZIP	GIBSONTON, FL 33534	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Colleen Cooley*  
 COLLEEN S COOLEY

4-17-01

Date

813  
 634-2224

Daytime Phone #

CR2E037 (10/00)