

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9700007201

1. Entity Name

COALITION FOR RESPONSIBLE ECONLOCKHATCHEE DEVELO

Principal Place of Business

300 LAKE EVA DRIVE
CHULUOTA FL 32766

Mailing Address

PO BOX 621047
OVIEDO FL 32762-1047 X

2. Principal Place of Business

SAME

3. Mailing Address

PO BOX 621047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL.

Zip

32762-1047

Country

4. FEI Number

59-3400118

Applied For

Not Applicable

Zip

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICH, MICHAEL D
10078 CUSTER CIRCLE
ORLANDO FL 32817

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 MICHAEL RICH PRES/DIRECTOR

Michael Rich

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PD
RICH, MICHAEL
10078 CUSTER CIRCLE
ORLANDO FL 32817

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
VALIN, JAMES
308 KIWANIS CIRCLE
CHULUOTA FL 32766

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
BESSETTE, MARK
240 WEST 7TH STREET
CHULUOTA FL 32766

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
RAUHOFER, DONALD
2601 MILLS CREEK RD.
CHULUOTA, FL 32766

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: *MICHAEL RICH Pres/Directo*

\$ 30-01 407 349-9901

CR2E037 (10/00)

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DO NOT WRITE IN THIS SPACE