2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90171 007 ****61.25

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DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000007201

1. Entity Name

COALITION FOR RESPONSIBLE ECONLOCKHATCHEE DEVELO

Principal Place of Business	Mailing Address
300 LAKE EVA DRIVE CHULUOTA FL 32766	PO BOX 621047 OVIEDO FL 32762-1014 X

2. Principal Place of Business	3. Mailing Address
SAME	PO BOX 621047
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: OVIEDO, FL.
Zip / Country	Zip: 32762-1047 / Country

4. FEI Number: 59-3400118 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	D ☐ Change ☒ Addition
NAME	RICH, MICHAEL	NAME	RAUHOFFER, DONALD
STREET ADDRESS	10078 CUSTER CIRCLE	STREET ADDRESS	2601 MILLS CREEK RD.
CITY-ST-ZIP	ORLANDO FL 32817	CITY-ST-ZIP	CHULUOTA, FL. 32766
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	VALIN, JAMES	NAME	
STREET ADDRESS	308 KIWANIS CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	CITY-ST-ZIP	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	BESSETTE, MARK	NAME	
STREET ADDRESS	240 WEST 7TH STREET	STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA FL 32766	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037 (10/00)

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 O. Rich Pres/Director MICHAEL RICH 4-30-01 407 349-9901