

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000007201

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 32762-1014 X

2. Principal Place of Business

SAME

3. Mailing Address

PO BOX 621047

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OVIEDO, FL.

4. FEI Number

59-3400118

Applied For

Not Applicable

Zip

Country

Zip

Country

32762-1047

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
NAME RICH, MICHAEL
STREET ADDRESS 10078 CUSTER CIRCLE
CITY-ST-ZIP ORLANDO-FL 32817

TITLE D ☐ Change ☒ Addition
NAME RAUHOFFER, DONALD
STREET ADDRESS 2601 MILLS CREEK RD.
CITY-ST-ZIP CHULUOTA, FL 32766

TITLE D ☐ Delete
NAME VALIN, JAMES
STREET ADDRESS 308 KIWANIS CIRCLE
CITY-ST-ZIP CHULUOTA FL 32766

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

TITLE D ☐ Delete
NAME BESSETTE, MARK
STREET ADDRESS 240 WEST 7TH STREET
CITY-ST-ZIP CHULUOTA FL 32766

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Michael Rich* MICHAEL RICH 4-30-01 407 349-9901

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

CR2E037 (10/00)