

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000010984**

1. Entity Name

COATES FOLIAGE FARM, INC.

Principal Place of Business

**40324 HWY 439
UMATILLA FL 32784**

Mailing Address

**40324 HWY 439
UMATILLA FL 32784**

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

59-3666500

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COATES, THOMAS C
40324 HWY 439
UMATILLA FL 32784**

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

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	D COATES, THOMAS C 40324 HWY 439 UMATILLA FL 32784	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, DONNA M 40324 HWY 439 UMATILLA FL 32784	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COATES, MORELAND L 5407 ALBERT DR. WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEARS, JANE C 84 ROSE ST. UMATILLA FL 32784	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Thomas C. Coates **Thomas C. Coates** **7/16/01** **352-669-2904**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 20, 2001 8:00 am
Secretary of State

07-20-2001 90007 025 ***150.00



DO NOT WRITE IN THIS SPACE

0478070

CR2E034 (10/00)

"Our Business is - GROWING"



Coates Foliage Farm, Inc.

Tom Coates
40324 CR 439
Vmatilla, Fl. 32784

Phone: 352-669-2904

Mobile: 352-455-9588

Fax: 352-669-2904

E-mail tcoates439@cs.com

Attachment
P00000001094
B00000376

Dear Sir or Madam:

Please find enclosed a check in the amount of \$150. the original filing fee. I called your office on Friday to ask about getting the penalty waived and was told that there was no guarantee but to send the original amount and write a letter describing the situation.

I have now been in business for about 1 year. I have built my business (Foliage Nursery) on a shoestring after being laid off from my job during a cutback (right after I turned 55). I am beginning to acquire some regular customers and can see a light at the end of the tunnel (and I hope it is not the train).

Filing the Uniform Business Report is a totally new experience for me, as a new business owner. It is difficult to know what the most important things are when you are starting a business, and it is now obvious to me that the State of Florida, considers this report to be very important. I do not understand the tremendous penalty but will certainly file on time in the future. Paying this penalty will certainly cripple my small business, I therefore respectfully request that this penalty be waived this one time.

Sincerely,

Tom Coates

"Our goal is to grow the plants you want and need"