

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/4

**FILED**  
**May 25, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90110 026 \*\*\*150.00

**DOCUMENT # P00000096929**

1. Entity Name

**COACHMAN TRUCK & RV CENTER, INC.**

Principal Place of Business

Mailing Address

905 E. MARTIN LUTHER KING, JR. DRIVE  
 SUITE 270  
 TARPON SPRINGS FL 34689

905 E. MARTIN LUTHER KING, JR. DRIVE  
 SUITE 270  
 TARPON SPRINGS FL 34689

2. Principal Place of Business

**1721 COACHMAN PLAZA DR**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Clearwater FL**

City & State

City & State

Zip

**34619**

Country

Zip

Country

4. FEI Number

**3681422**  
**59-3681422**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**EVANS, H. MICHAEL**  
**2123 N.E. COACHMAN ROAD**  
**SUITE A**  
**CLEARWATER FL 33765**

7. Name and Address of New Registered Agent

Name: **Russell F. Burr**  
 Street Address (P.O. Box Number is Not Acceptable):  
**905 E. ML King JR DR**  
**Suite 270**  
 City: **TARPON SPRINGS** FL Zip Code: **34689**

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

**Russell F. Burr**

**4/24/01**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURR, RUSSELL F</b>	
STREET ADDRESS	<b>905 E. MARTIN LUTHER KING, JR. DR., #270</b>	
CITY-ST-ZIP	<b>TARPON SPRINGS FL 34689</b>	
TITLE	<b><del>FRANK</del></b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FRANK SATRIANO</b>	
STREET ADDRESS	<b>1717 COACHMAN PLAZA DR</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34619</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>VINCENT CAROBIANCO</b>	
STREET ADDRESS	<b>1721 COACHMAN PLAZA DR</b>	
CITY-ST-ZIP	<b>CLEARWATER, FL 34619</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Russell F. Burr**

**4-5-01**

**727 9424512**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Russell F. Burr** Date

Daytime Phone #

CR2E034 (10/00)