

DOCUMENT # P93000075584

1. Entity Name
COACHMAN HOMES OF SARASOTA, INC.

Principal Place of Business
145 1/2 N TAMiami TRAIL
OSPREY FL 34229
US

Mailing Address
145 1/2 N TAMiami TRAIL
OSPREY FL 34229
US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

FILED
Jan 09, 2001 8:00 am
Secretary of State
01-09-2001 90001 010 ***158.75



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0444554** Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUMBAUGH, JOHN D
1900 RINGLING BLVD
SARASOTA FL 34236

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 _____ (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	D <input type="checkbox"/> Delete	
NAME	FIGLESTHALER, WILLIAM H	
STREET ADDRESS	3936 SPYGLASS HILL RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D <input type="checkbox"/> Delete	
NAME	FIGLESTHALER, ROSEMARY H	
STREET ADDRESS	3936 SPYGLASS HILL RD	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D <input type="checkbox"/> Delete	
NAME	HENRY, DANIEL J	
STREET ADDRESS	4057 LAS PALMAS WAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D <input type="checkbox"/> Delete	
NAME	HENRY, SUSAN E	
STREET ADDRESS	4057 LAS PALMAS WAY	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	V <input type="checkbox"/> Delete	
NAME	ZOOK, JOHN	
STREET ADDRESS	821 TAAGA PL	
CITY-ST-ZIP	SARASOTA FL	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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	
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STREET ADDRESS		
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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: *Daniel J. Henry* **DANIEL J. HENRY V.P.** 1/3/01 941-918-8408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)