

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093125

1. Entity Name
COON ASSOCIATES, INC.

Principal Place of Business
2403 CANTER CLUB TRAIL
APOPKA FL 32712

Mailing Address
2403 CANTER CLUB TRAIL
APOPKA FL 32712

2. Principal Place of Business
671 Hickman Circle
Suite, Apt. #, etc.

3. Mailing Address
4631 S. Atlantic Ave
Suite, Apt. #, etc.
#8206

City & State
Sanford, FL
Zip
32771
Country

City & State
Ponce Inlet, FL
Zip
32127
Country

4. FEI Number 59-3289256

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COON, DOUGLAS
2403 CANTER CLUB TRAIL
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name Same
Street Address (P.O. Box Number is Not Acceptable)
4631 S. Atlantic Ave #8206
Ponce Inlet, FL 32127
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	COON, DOUGLAS	
STREET ADDRESS	2403 CANTER CLUB TRAIL	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COON, JACQUELINE	
STREET ADDRESS	2403 CANTER CLUB TRAIL	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, JEFFREY	
STREET ADDRESS	1041 PINE SHADOW DR.	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	D	<input type="checkbox"/> Delete
NAME	COON, KEVIN	
STREET ADDRESS	1410 FLORAL WAY	
CITY-ST-ZIP	APOPKA FL 32703	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4631 S. Atlantic Ave #8206	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4631 S. Atlantic Ave #8206	
CITY-ST-ZIP	Ponce Inlet, FL 32127	
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: Jacqueline Coon Jacqueline Coon - STD 4-2-01 904-763-9143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)