

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000078026

1. Entity Name

COORDINATORS OF AMERICAN HOUSING, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90051 017 ***150.00

Principal Place of Business

13220 GULF BLVD
MADEIRA BEACH FL 33708

Mailing Address

PO BOX 86755
MADEIRA BEACH FL 33738

2. Principal Place of Business

657 BAY ESPLANADE

3. Mailing Address

657 BAY ESPLANADE

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

CLEARWATER, FL

City & State

CLEARWATER, FL

Zip

33767

Country

PINELLAS

Zip

33767

Country

PINELLAS

4. FEI Number

59-3596515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DAWSON, RICHARD J
13220 GULF BLVD
MADEIRA BEACH FL 33708

7. Name and Address of New Registered Agent

Name: RONALD C. OLDANI
Street Address (P.O. Box Number is Not Acceptable):
657 BAY ESPLANADE
2
City: CLEARWATER FL Zip Code: 33767

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: RONALD C. OLDANI X

(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 NAME STREET ADDRESS CITY-ST-ZIP	PD OLDANI, RONALD 310 78TH AVE #2 SAINT PETERSBURG BEACH FL 33706-1730	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GOOT, STEPHEN 700 GULF BLVD #20 INDIAN ROCKS BEACH FL 33785	<input checked="" 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
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
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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 19.07(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: RONALD C. OLDANI X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-441-3629

CR2E034 (10/00)