

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703605

1. Entity Name

CENTRAL FLORIDA AUTO DEALERS ASSOCIATION, INC.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90075 018 ****61.25

Principal Place of Business

Mailing Address

7380 SAND LAKE RD
SUITE 500
ORLANDO FL 32819

7380 SAND LAKE RD
SUITE 500
ORLANDO FL 32819-5257

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1111836

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

G. CHARLES WOHLUST
230 LOOKOUT PLACE
MAITLAND FL 32751

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **RODRIGUEZ, FRANK J.**
STREET ADDRESS **5700 E. COLONIAL DRIVE**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME **RODRIGUEZ, FRANK J.**
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **MILLER, BARBARA A.**
STREET ADDRESS **7380 SAND LAKE RD STE 500**
CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **WILLIAMSON, JOSEPH M**
STREET ADDRESS **12801 S ORANGE BLOSSOM TR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Change ☒ Addition
NAME **NERO, WILLIAM A.**
STREET ADDRESS **12801 S. ORANGE BLOSSOM TR.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☒ Delete
NAME **MURPHY, ALAN L**
STREET ADDRESS **9951 S ORANGE BLOSSOM TR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **VPD** ☒ Change ☒ Addition
NAME **NAHAS, GEORGE E.**
STREET ADDRESS **200 E. Burleigh AVE**
CITY-ST-ZIP **TAVARES FL**

TITLE **PD** ☐ Delete
NAME **HOLLER, CHRISTOPHER**
STREET ADDRESS **301 S ORLANDO AVE SYE 200**
CITY-ST-ZIP **MAITLAND FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☒ Delete
NAME **BROWN, WILLIAM D.**
STREET ADDRESS **6239 ORANGE BLOSSOM TR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **STD** ☒ Change ☒ Addition
NAME **ROGERS, JILL HOLLER**
STREET ADDRESS **301 S. ORLANDO AVE, STE 200**
CITY-ST-ZIP **MAITLAND FL**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara A. Miller (BARBARA A. Miller) 3/8/2000 407/352-5243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

703605 627783

CENTRAL FLORIDA AUTO DEALERS ASSOCIATION, INC.
FEI Number: 59-1111836

2000 non-profit Corporation Annual Report continued:

13. Officers and Directors

D
Smith, Mike
4101 W. Colonial Dr
Orlando FL

D
Stephens, W. W. (Bo)
3883 W. Colonial Dr
Orlando FL

D
Black, Gaylon D.
1551 E. Semoran Ave
Apopka FL

D
Chavara, Joe
2055 W. Colonial Dr
Orlando FL

D
Matthews, Irving J.
17701 U.S. Hwy. 441
Mt. Dora FL