

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90908 009 \*\*\*\*61.25

0015105

**DOCUMENT # 703605**

1. Entity Name

**CENTRAL FLORIDA AUTO DEALERS ASSOCIATION, INC.**



Principal Place of Business

**7380 SAND LAKE RD  
SUITE 500  
ORLANDO FL 32819**

Mailing Address

**7380 SAND LAKE RD  
SUITE 500  
ORLANDO FL 32819**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1111836**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**G. CHARLES WOHLUST  
1085 W. MORSE BLVD  
SUITE B  
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent:

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>M</b> <b>MILLER, BARBARA A.</b> <b>7380 SAND LAKE RD STE 500</b> <b>ORLANDO FL 32819</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>NERO, WILLIAM A</b> <b>12801 S ORANGE BLOSSOM TR</b> <b>ORLANDO FL 32837</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>NAHAS, GEORGE E</b> <b>200 E BURLEIGH AVE</b> <b>TAVARES FL 32778</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CHAVARA, JOE</b> <b>2055 W. COLONIAL DR.</b> <b>ORLANDO FL 32804</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROGERS, JILL H</b> <b>301 S ORLANDO AVE STE 200</b> <b>MAITLAND FL</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>SMITH, MIKE</b> <b>4101 W. COLONIAL DR.</b> <b>ORLANDO FL 32808</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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** 2-26-03 407/352-5243

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment

80645242

# 703605

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

**2003 non-profit corporation Annual Report continued:**

**ADDITIONS:**

**D**  
**PARKS, RANDY**  
**3505 N. Highway 17-92**  
**Longwood FL 32750**

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**D**  
**MATTHEWS, IRVING J.**  
**17701 U. S. Highway 441**  
**Mt. Dora FL 32757**

**D**  
**COLLIER, MICHAEL A.**  
**3920 W. Colonial Drive**  
**Orlando FL 32808**

**D.**  
**McNAMARA, HAL**  
**1010 W. Colonial Drive**  
**Orlando FL 32804**

**D.**  
**SALZMAN, JACK**  
**485 E. Semoran Blvd.**  
**Fern Park FL 32707**