

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90435 016 ****61.25

DOCUMENT # 706372
1. Entity Name
ORLANDO ZONE CHRYSLER/PLYMOUTH/JEEP DEALER ADVER

Principal Place of Business **Mailing Address**
C/O BECK CHRYSLER PLYMOUTH **4 BRADLEY PARK CT**
1900 SUMMIT TOWER BLVD., SUITE 490 **STE 120**
ORLANDO FL 32810 **COLUMBUS GA 31904**

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRUBB, KEITH
C/O BOZELL WORLDWIDE, INC.
1900 SUMMIT TOWER BLVD., SUITE 490
ORLANDO FL 32810

4. FEI Number **59-1085598** **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, ORIE <input type="checkbox"/> Delete 300 N. BEACH STREET DAYTONA BEACH FL 32114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERK, CARL <input type="checkbox"/> Delete 256 HWY 17 NORTH PALATKA FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFIN, FRANK <input type="checkbox"/> Delete 5735 PHILLIPS HWY JACKSONVILLE FL 32216
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HELPHENSINE, BOB <input type="checkbox"/> Delete 1801 TAMiami TERRACE PUNTA GORDA FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STALLINGS, DAVID <input type="checkbox"/> Delete 1245 -38TH BLVD CAIRO GA 31728
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAWES, T J <input checked="" type="checkbox"/> Delete 3535 N. MAIN STREET GAINESVILLE FL 32609

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Beck, Carl Jr. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 256 Hwy 17 North Palatka FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Griffin, Frank <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4159 Clearwater Lane Jacksonville, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Helphenstine, R.B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1801 Tamiami Trail Punta Gorda, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kraft, Chris <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3525 N.W. 97th Blvd. Gainesville, FL 32601

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: _____ **SIGNATURE REQUIRED** **3-801** **904-255-6540**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CP2E037 (10/00)