

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90069 005 \*\*\*\*61.25

**DOCUMENT # 706372**

1. Entity Name

**ORLANDO ZONE CHRYSLER/PLYMOUTH/JEEP DEALER ADVERTISING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O BECK CHRYSLER PLYMOUTH  
 1900 SUMMIT TOWER BLVD., SUITE 490  
 ORLANDO FL 32810

4 BRADLEY PARK CT  
 STE 120  
 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

4. FEI Number **59-1085598**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRUBB, KEITH**  
 C/O BOZELL WORLDWIDE, INC.  
 1900 SUMMIT TOWER BLVD., SUITE 490  
 ORLANDO FL 32810

Name Grubb, Keith  
 Street Address (P.O. Box Number is Not Acceptable)  
90 PentaMark  
1900 Summit Tower Blvd., Suite 490  
 City Orlando FL Zip Code 32810

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	<input checked="" type="checkbox"/> Delete
NAME	<b>SMITH, ORIE</b>
STREET ADDRESS	<b>300 N. BEACH STREET</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32114</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BECK, CARL</b>
STREET ADDRESS	<b>256 HWY 17 NORTH</b>
CITY-ST-ZIP	<b>PALATKA FL 32177</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, FRANK</b>
STREET ADDRESS	<b>CLEARWATER LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32223</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>HELPHENSTINE, R.B.</b>
STREET ADDRESS	<b>1801 TAMIAMI TERRACE</b>
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>STALLINGS, DAVID</b>
STREET ADDRESS	<b>1245 -38TH BLVD</b>
CITY-ST-ZIP	<b>CAIRO GA 31728</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>KRAFT, CHRIS</b>
STREET ADDRESS	<b>3535 N. MAIN STREET</b>
CITY-ST-ZIP	<b>GAINESVILLE FL 32601</b>

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Treasurer</b>
STREET ADDRESS	<b>Jack Salzman</b>
CITY-ST-ZIP	<b>485 Hwy. 436 East</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Frank Galeana</b>
STREET ADDRESS	<b>14375 Tamiami Trail</b>
CITY-ST-ZIP	<b>FL. MYERS, FL 33912</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>William Douglas</b>
STREET ADDRESS	<b>2500 34th Street North</b>
CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Richard Llewellyn, Jr.</b>
STREET ADDRESS	<b>3535 N. Main St.</b>
CITY-ST-ZIP	<b>Gainesville, FL 32609</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wayne Schmidt, Sr.</b>
STREET ADDRESS	<b>8755 Park Blvd. North</b>
CITY-ST-ZIP	<b>Seminole, FL 34647</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joe Brett</b>
STREET ADDRESS	<b>200 Nasa Blvd</b>
CITY-ST-ZIP	<b>Melbourne, FL 32216</b>

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carl Beck*

Date

Daytime Phone #

706-576-4900

CR2E037 (9/01)