

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 748908

1. Entity Name

FLORIDA AUTOMOBILE DEALERS ASSOCIATION

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90079 041 ****61.25

Principal Place of Business

Mailing Address

505 NORTH MILLS AVENUE
 P.O. BOX 531124
 ORLANDO FL 32853

505 NORTH MILLS AVENUE
 P.O. BOX 531124
 ORLANDO FL 32853-1124

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

4. FEI Number

59-0245515

Applied For

Not Applicable

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

JEFFRIES, DAVID D.
505 NORTH MILLS AVE
ORLANDO FL 32853

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	PD	<input type="checkbox"/> Delete
NAME	MUELLER, RONALD J	
STREET ADDRESS	13525 US HWY 19 N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	PED	<input type="checkbox"/> Delete
NAME	THOMAS, BRUCE H	
STREET ADDRESS	HWY 90 EAST	
CITY-ST-ZIP	QUINCY FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	JEFFRIES, DAVID D.	
STREET ADDRESS	505 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BROWN, WILLIAM D	
STREET ADDRESS	6239 SOUTH ORANGE BLOSSOM TR	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas, Bruce H	
STREET ADDRESS	Highway 90 East	
CITY-ST-ZIP	Quincy FL	
TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cramer, William C., Jr.	
STREET ADDRESS	2251 West 23rd Street	
CITY-ST-ZIP	Panama City FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Page, Kenneth E	
STREET ADDRESS	9330 West Atlantic Blvd	
CITY-ST-ZIP	Coral Springs FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE: *David D. Jeffries*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/02/00
 Date

407-896-7371
 Daytime Phone #

CF2E037 (9/99)