

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 748908

FILED  
Feb 04, 2003  
Secretary of State

Entity Name: FLORIDA AUTOMOBILE DEALERS ASSOCIATION

**Current Principal Place of Business:**

528 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

528 EAST PARK AVENUE  
P.O. BOX 531124  
TALLAHASSEE, FL 32301

**New Mailing Address:**

528 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

FEI Number: 59-0245515

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SMITH, THEODRE L TED  
528 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**Name and Address of New Registered Agent:**

SMITH, THEODORE L TED  
528 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

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: THEODORE L. SMITH

02/04/2003

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CRAMER, WILLIAM C JR  
Address: 2251 W. 23RD STREET  
City-St-Zip: PANAMA CITY, FL

Title: PED ( ) Delete  
Name: PAGE, KENNETH E  
Address: 9330 W. ATLANTIC BLVD.  
City-St-Zip: CORAL SPRINGS, FL

Title: V ( ) Delete  
Name: JEFFRIES, DAVID D.,  
Address: 505 N. MILLS AVE.  
City-St-Zip: ORLANDO, FL

Title: STD ( ) Delete  
Name: DOUGLAS, WILLIAM P  
Address: 2500 34TH STREET NORTH  
City-St-Zip: CORAL SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MR. WILLIAM DOUGLAS

PD

02/04/2003

Electronic Signature of Signing Officer or Director

Date