

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90089 031 \*\*\*150.00

**DOCUMENT # 821246**

1. Entity Name

**DICK DEVOE BUICK-CADILLAC, INC.**

Principal Place of Business

Mailing Address

**4100 TAMiami TRAIL, NORTH  
P. O. BOX 1098  
NAPLES FL 33940**

**4100 TAMiami TRAIL, NORTH  
P. O. BOX 1098  
NAPLES FL 34106-1098**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**35-1051129**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**DEVOE, RICHARD H.  
3272 GREEN DOLPHIN LANE  
NAPLES FL 33940**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVOE, RICHARD H	NAME	KELLY, CHARLES, M., JR.
STREET ADDRESS	3272 GREEN DOLPHIN LANE	STREET ADDRESS	2640 GOLDEN GATE PKWY STE 315
CITY-ST-ZIP	NAPLES, FL 00000	CITY-ST-ZIP	NAPLES, FL 34105
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVOE, LUCILLE	NAME	WHITLEY, STEVEN R.
STREET ADDRESS	5707 BROCKTON DR, APT 205	STREET ADDRESS	2075 WEST FIRST ST.
CITY-ST-ZIP	INDIANAPOLIS, IN 00000	CITY-ST-ZIP	FT. MYERS, FL 33901
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARY JANE	NAME	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	STREET ADDRESS	
CITY-ST-ZIP	MUNCIE, IN 00000	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARY JANE	NAME	
STREET ADDRESS	818 W RIVERSIDE, APT C-5	STREET ADDRESS	
CITY-ST-ZIP	MUNCIE, IN 00000	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, BARBARA J (ASST)	NAME	
STREET ADDRESS	3272 GREEN DOLPHIN LANE	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVOE, MARK A.	NAME	
STREET ADDRESS	1843 8TH ST. S.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Richard H. Devoe* **SIGNATURE REQUIRED** **RICHARD H. DEVOE, PRESIDENT** **4/5/00** **941-649-1100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)