

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830807

1. Entity Name

MOTOR CLUB OF AMERICA ENTERPRISES, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90365 010 \*\*\*150.00

Principal Place of Business 3200 W. WILSHIRE BLVD OKLAHOMA CITY OK 73116 US	Mailing Address P.O. BOX 20689 OKLAHOMA CITY OK 73156-0689 US
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DO NOT WRITE IN THIS SPACE

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 <b>23-7012987</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 S. PINE ISLAND RD.**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (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

TITLE	CD	<input type="checkbox"/> Delete
NAME	COFFEE, VIRGIL W	
STREET ADDRESS	3200 W WILSHIRE BLVD	
CITY-ST-ZIP	OKLAHOMA OK	
TITLE	PD	<input type="checkbox"/> Delete
NAME	KIRCHER, DAVID K	
STREET ADDRESS	3200 W. WILSHIRE BLVD	
CITY-ST-ZIP	OKLAHOMA OK	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MELTON, LARRY K	
STREET ADDRESS	3200 W. WILSHIRE BLVD	
CITY-ST-ZIP	OKLAHOMA OK	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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			
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			

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: **David K Kircher, President** Date **4/25/00** (405) 843-2745 Daytime Phone #

CR2E034 (9/99)