


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2003 8:00 am**  
**Secretary of State**

01-31-2003 90126 028 \*\*\*\*61.25

**DOCUMENT # C92000000007**

1. Entity Name  
**FORD DEALERS ADVERTISING FUND, INC., JACKSONVILLE DIVISION**



Principal Place of Business  
**7400 BAYMEADOWS WAY  
STE 101  
JACKSONVILLE FL 32256  
US**

Mailing Address  
**7400 BAYMEADOWS WAY  
STE 101  
JACKSONVILLE FL 32256  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0965458** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SMITH, HULSEY & BUSEY  
1800 FIRST UNION BANK TOWER  
225 WATER STREET  
JACKSONVILLE FL 32201**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE



CHECK HERE IF MAKING CHANGES

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DAVIDSON, MICHAEL F</b> <b>9650 ATLANTIC BLVD.</b> <b>JACKSONVILLE FL</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BUCKINGHAM, WILLIAM T</b> <b>9650 ATLANTIC BLVD.</b> <b>JACKSONVILLE, FL 32225</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MULLENAK, GERALD</b> <b>1851 EAST SEMORAN BLVD.</b> <b>APOPKA FL 32703</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MULLINAX, GERALD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOPP, TONY</b> <b>2415 BABCOCK STREET STE C</b> <b>MELBOURNE FL 32901</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KELLY, ROBERT P</b> <b>776 MAGNOLIA AVE</b> <b>MELBOURNE FL 32935</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, FRANK</b> <b>17556 U.S. HWY. 19 NORTH</b> <b>CLEARWATER FL 34624</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CURRIE, BILL III</b> <b>130 N TAMIAMI TRAIL</b> <b>NOKOMIS FL 33555</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: STEPHEN A. EVERETT 1-22-03

CR2E037 (10/02)

**OTHER DIRECTORS**

D  
Fred H. Bozard, III  
1700 Ponce DeLeon Blvd.  
St. Augustine, FL 32084

D  
James M. Poffenbaugh  
1118 13th Street  
St. Cloud, FL 34769

D  
Douglas W. Smith  
1908 S McCall Road  
Englewood, FL 34223

V/S/T/D  
Russell L. Reid (Change)  
1875 S Orlando Avenue  
Maitland, FL 32751

P/C/D  
Steve Everett (Change)  
215 W. Magnolia Ave.  
Valdosta, GA 31603

D  
James Flammer  
41975 U.S. Hwy. 19 North  
Tarpon Springs, FL 34689

D  
Steve Waters III  
Ware Street & Hwy. 82  
Blackshear, GA 31516

D  
Margie C. Mason  
120 South Main Street  
Blountstown, FL 32424

D  
Rick Doran  
901 S Beltline Hwy.  
Mobile, AL 36606

D  
Brian D. Jarrett (Change)  
1550 U.S. Highway 27 South  
Haines City, FL 33844

D  
Frank J. Rodriguez  
5700 East Colonial Dr.  
Orlando, FL 32807

D  
Paul D. Clark  
3518 East State Rd 200  
Yulee, FL 32097

D  
Benny Robles  
425 East Van Fleet Dr.  
Bartow, FL 33830

D  
N. D. Redmond Jr.  
1709 E Shotwell Street  
Bainbridge, GA 31717

D  
James E. Peach  
202 Hwy. 31 South  
Brewton, AL 36426

D  
John W. Drakesmith  
2424 John Young Pkwy.  
Orlando, FL 32804

Attachment  
30026872  
C92000000007