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

Jan 15, 2003 8:00 am Secretary of State **DOCUMENT # N14758** 1. Entity Name 01-15-2003 90270 014 ****70.00 ORLANDO DISTRICT FORD PARTS AND SERVICE CLUB. IN Principal Place of Business Mailing Address 9915 DISCOVERY TERRACE 9915 DISCOVERY TERRACE **BRADENTON FL 34202 BRADENTON FL 34202** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-3301082 Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUSS CARON 9915 DISCOVERY TERRACE BRADENTON FL 34202 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 agen SIGNATURE Signature, typed or printed name of regis ed Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. П Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change Addition CARON, RUSS NAME NAME STREET ADDRESS 9915 DISCOVERY TERRACE STREET ADDRESS CITY-ST-7IF **BRADENTON FL 34202** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME SIGMON, BOB STREET ADDRESS 877 QUEENS HARBOR STREET ADDRESS CITY-ST-ZIP JACKSONVILLE:FL-32225 -CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Baker, Mike NAME STREET ADDRESS 505 HIAWATHA AVE STREET ADDRESS CITY-ST-ZIP **INVERNESS FL 34452** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BENNETT, RICHARD NAME NAME 1800 BOY SCOUT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS FL 33907 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 truetee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

-13-03 904 886 8483

Change

☐ Addition

FILED