

**2000 UNIFORM BUSINESS REPORT (UBR)**

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**FILED**  
**Aug 30, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90009 045 \*\*\*\*61.25

**DOCUMENT # N42911**

1. Entity Name

**GOLDEN TRIANGLE CLASSIC CHEVY CLUB INC.**

Principal Place of Business

Mailing Address

3618 ENTERPRISE RD., E.  
 SAFETY HARBOR FL 34695  
 US

3618 ENTERPRISE RD., E.  
 SAFETY HARBOR FL 34695  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3028842**

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

**GETZ, TERRY E.**  
**3618 ENTERPRISE RD., E**  
**SAFETY HARBOR FL 34695**

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

**FILE NOW: FEE IS \$61.25**  
**After September 13, 2000 min. will be \$236.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME           | STREET ADDRESS          | CITY-ST-ZIP       | Change                              | Addition                            |
|-------|----------------|-------------------------|-------------------|-------------------------------------|-------------------------------------|
| D     | GETZ, TERRY E. | 3618 ENTERPRISE RD., E. | SAFETY HARBOR FL  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D     | GUEGAN, GARY   | 1506 COASTAL PL         | DUNEDIN FL 34698  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D     | ROBERTSON, RAY | 1482 WOODSTREAM DR      | OLDSMAR FL 34677  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VP    | DOOLAN, DENNIS | 3135 OAKTREE PLACE      | VALRICO FL 33594  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| P     | KIMMEL, CLARE  | 3466 34TH AVE N         | ST PETE FL 33713  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| T     | STEESS, SCOTT  | 13542 89TH AVE N        | SEMINOLE FL 33776 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       |                |                         |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                |                         |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                |                         |                   | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                |                         |                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
|       |                |                         |                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

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: *Katherine S. Reimann* **KATHERINE S. REIMANN** **7/20/00** **(813) 222-4025**

CR2E037 (5/00)