

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

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90147 033 ****61.25

DOCUMENT # N43705

1. Entity Name

CLASSIC CAMARO OF CENTRAL FLORIDA INC.



Principal Place of Business

**1779 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703
US**

Mailing Address

**1779 S ORANGE BLOSSOM TRAIL
APOPKA FL 32703
US**

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 **59-3023292**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**FORGUSON, GENE
202 DOGWOOD DR
SANFORD FL 32771**

*Neville, GARY
1025 Country Cove Court
Orlando FL 32766*

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 *X GARY NEVILLE*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/8/03

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FORGUSON, GENE	
STREET ADDRESS	202 DOGWOOD DR	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LAVENDER, JIMMY R-II	
STREET ADDRESS	5055 MOUNT PLYMOUTH RD	
CITY-ST-ZIP	APOPKA FL 32712	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	RILEY, CURT	
STREET ADDRESS	5809 CHADEL DR	
CITY-ST-ZIP	ORLANDO FL 32830	
TITLE	DT	<input type="checkbox"/> Delete
NAME	SWOBDZIEN, DOLORES	
STREET ADDRESS	1522 BALMY BEACH DR	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD. NEVILLE, GARY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GARY NEVILLE</i>	
STREET ADDRESS	<i>1025 COUNTRY COVE CT</i>	
CITY-ST-ZIP	<i>ORLANDO FL 32766</i>	
TITLE	VD. TOLMASOFF, SEAN	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>SEAN TOLMASOFF</i>	
STREET ADDRESS	<i>2763 SHANNIN DR</i>	
CITY-ST-ZIP	<i>ST. CLOUD FL 34771</i>	
TITLE	DS. WELTONS, GEORGIA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>GEORGIA WELTONS</i>	
STREET ADDRESS	<i>P.O. BOX 574973</i>	
CITY-ST-ZIP	<i>ORLANDO FL 32857</i>	
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		

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: *X GARY NEVILLE* *2-8-03* *407-880-8221*

CR2E037 (10/02)