

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90044 040 \*\*\*\*61.25

**DOCUMENT # N96000001000**

1. Entity Name

**CHARITY CARS, INC.**

Principal Place of Business

Mailing Address

1052 W. SR 436  
 ALTAMONTE SPRINGS FL 32714  
 US

1052 W. SR 436  
 ALTAMONTE SPRINGS FL 32714  
 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

**59-3362703**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MENZIES, BRIAN**  
**247 A PARK AVENUE**  
**LONGWOOD FL 32750**

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**

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  
**PD**  
**MENZIES, BRIAN** ☐ Delete  
**204 LAKE GENE DRIVE**  
**LONGWOOD FL 32779**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
*See attached list for additions* ☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DD**  
**WILLOUGHBY, THOMAS** ☐ Delete  
**1003 MEANS CT**  
**OVIEDO FL 32765**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DD**  
**CARBONELL, ALEX** ☒ Delete  
**6100 BEAK LAKE TERR**  
**APOPKA FL 32703**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DD**  
**WORRALL, HAROLD** ☐ Delete  
**525 S. MAGNOLIA AVE**  
**ORLANDO FL 32803**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DD**  
**FAHEY, DENNIS** ☒ Delete  
**4300 CAVE HILL RD**  
**NEW PORT RICHEY FL 34606**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Change ☐ 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:

*Signature of Brian Menzies*  
**REQUIREMENTS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date Daytime Phone #

CR2E037 (10/00)

*H. H. H. H. H.*  
*9/4/41*  
Document # N96000001000

CHARITY CARS, INC.  
BOARD DIRECTORY

*Chairman*

Hal Worrall PHD  
Executive Director  
Orlando/Orange County  
Expressway Authority  
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Fax 407-316-3801  
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*Director*

Jim Pugh  
CEO  
Epoch Properties -  
359 Carolina Avenue  
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*President, Director*

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*Director*