

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003357

1. Entity Name

LEASE END AUTOMOTIVE FINANCE, INC.

**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90049 039 \*\*\*150.00

Principal Place of Business

Mailing Address

8701 BEDFORD EULESS RD  
SUITE 610  
HURST TX 76053

8701 BEDFORD EULESS RD  
SUITE 610  
HURST TX 76053-3875

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2811893

Applied For

Not Applicable

Zip

Country

Zip

Country

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

FATULA, TOM A  
718 SOUTH HUGHEY AVE  
ORLANDO FL 32801

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

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☐ Delete  
NAME **CALVERT, JIM D**  
STREET ADDRESS **5506 SYCAMORE DR**  
CITY-ST-ZIP **COLLEYVILLE TX**

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

TITLE **VCP** ☐ Delete  
NAME **GRUGLEWICZ, DAVID**  
STREET ADDRESS **9156 DEMERY CT**  
CITY-ST-ZIP **BRENTWOOD TN 37027**

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

TITLE **DVP** ☐ Delete  
NAME **BARTOSH, MICHAEL**  
STREET ADDRESS **2906 MCPHERSON ROAD**  
CITY-ST-ZIP **FORT WORTH TX 76140-9552**

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

TITLE **DST** ☒ Delete  
NAME **MAYS, GARY**  
STREET ADDRESS **2170 JEFFERSON RD**  
CITY-ST-ZIP **BARTLESVILLE OK 74006**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE:

*Jim D Calvert*  
CHAIRMAN Jim D Calvert 1/28/00

Date

Daytime Phone #

817.314.3008

X 103