

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 248518

1. Entity Name

MCNAMARA PONTIAC, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90018 008 ***150.00

Principal Place of Business
1010 W COLONIAL DR
BOX 3269
ORLANDO FL 32802

Mailing Address
1010 W COLONIAL DR
BOX 3269
ORLANDO FLA 32802-3269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0931819

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

MCNAMARA SR, DENNIS C
1740 TURNBERRY TERRACE
ORLANDO FL 32804

Name
WRIGHT, FULFORD, MOORHEAD + BROWN, P. A.
Street Address (P.O. Box Number is Not Acceptable)

145 N. MAGNOLIA AVENUE

City ORLANDO

FL

Zip Code 32801

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 D. Frank Wright (D. FRANK WRIGHT - FOR THE FIRM) 3/27/00

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 PD
NAME MCNAMARA SR, DENNIS C
STREET ADDRESS 1740 TURNBERRY TERRACE
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE ST
NAME MCINVALE, WILLIE K, JR
STREET ADDRESS 1347 QUAILEY STREET
CITY-ST-ZIP ORLANDO FL ☒ Delete

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

TITLE D
NAME MCNAMARA JR, DENNIS C
STREET ADDRESS 65 INTERLAKEN ROAD
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V
NAME MCNAMARA, HAL B.
STREET ADDRESS 1023 GOLFVIEW STREET
CITY-ST-ZIP ORLANDO FL ☐ Delete

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

TITLE V
NAME HADD, DENNIS L.
STREET ADDRESS 868 SWEETWATER ISLAND CIRCLE
CITY-ST-ZIP LONGWOOD FL ☐ Delete

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
ANDREW MUSACCHIO
873 NORTH LAKE CLAIRE CIRCLE
ORLANDO FL 32765

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

407-849-0610

Daytime Phone #

DENNIS C HADD

CR2E034 (9/99)