

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90108 040 ***150.00

DOCUMENT # 249724

1. Entity Name

DICK BENNETT MOTORS, INC.

Principal Place of Business

**4200 W COLONIAL DRIVE
 ORLANDO FL 32808**

Mailing Address

**4200 W COLONIAL DRIVE
 ORLANDO FL 32808**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0937707

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

**KEES, GARY A
 2454 SWEETWATER COUNTRY CLUB DR.
 APOPKA FL 32712**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

200 Sweetwater Club Ct.

City

Longwood

FL

Zip Code

32789

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, 2002 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

TITLE **P** ☐ Delete
 NAME **KEES, GARY A**
 STREET ADDRESS **200 SWEETWATER CLUB CT.**
 CITY-ST-ZIP **LONGWOOD FL 32789**

TITLE **V** ☐ Delete
 NAME **KEES, BETTY M**
 STREET ADDRESS **200 SWEETWATER CLUB CT.**
 CITY-ST-ZIP **LONGWOOD FL 32789**

TITLE **S** ☐ Delete
 NAME **SHERIDAN, KELLIE K**
 STREET ADDRESS **4014 HEATHERINGTON RD**
 CITY-ST-ZIP **ORLANDO FL 32808**

TITLE **T** ☐ Delete
 NAME **SHERIDAN, KELLIE K**
 STREET ADDRESS **4014 HEATHERINGTON RD**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/12/02 407-298-2612

CR2E034 (9/01)