

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90019 039 ***150.00

DOCUMENT # 335447

1. Entity Name

CLASSIC OLDSMOBILE, INC.

Principal Place of Business

8300 RADIO ROAD
P.O. BOX 9949
NAPLES FL 33941

Mailing Address

8300 RADIO ROAD
P.O. BOX 9949
NAPLES FLA 34101-1949

040000



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 59-1218773

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

~~HILGER, EARL J.~~
6340-3 RATTLESNAKE HAMMOCK RD
NAPLES, FLA
33962

Name
WILLIAM K GAUMAN JR
Street Address (P.O. Box Number is Not Acceptable)
4940 TAMARIND RIDGE DR.
City NAPLES FL 34119

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 *William K Gauman Jr*
Signature, typed or printed name of registered agent and title if applicable.

WILLIAM K GAUMAN JR 2/21/00
(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 GALLMAN, WILLIAM K
STREET ADDRESS ~~6340-3 RATTLESNAKE HAMMOCK RD~~
CITY-ST-ZIP NAPLES, FL 00000 4940 TAMARIND RIDGE DR

TITLE
NAME
STREET ADDRESS TAMARIND RIDGE DR
CITY-ST-ZIP NAPLES FL 34119 ☒ Change ☐ Addition

TITLE FD
NAME GALLMAN, WILLIAM K JR
STREET ADDRESS ~~4040 8 AVE SW~~ 4940 TAMARIND RIDGE DR
CITY-ST-ZIP NAPLES, FL 00000 34119

TITLE
NAME
STREET ADDRESS 4940 TAMARIND RIDGE DR
CITY-ST-ZIP NAPLES FL 34119 ☒ Change ☐ Addition

TITLE S
NAME KEY, SHARON A
STREET ADDRESS 1261 16TH AVE, S.W.
CITY-ST-ZIP NAPLES, FL 00000 ☒ Delete

TITLE S
NAME ROILEEN SUMNER
STREET ADDRESS 5600 GREY FOX RUN
CITY-ST-ZIP FT. MYERS, FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: *William K Gauman Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-00 941 455-5191
Date Daytime Phone #