2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2000 08:00 AM
Secretary of State

DOCUMENT # **373024**

1. Entity Name
ASSOCIATION OF INDEPENDENT MOTORISTS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 15707	P.O. BOX 15707
ST. PETERSBURG FL 33733 US	ST. PETERSBURG FL 33733 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1317750** ☐ 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
DELANO G. KRISTIN 360 CENTRAL AVENUE ST. PETERSBURG FL 33701 US	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 **G. KRISTIN DELANO** **03/29/2000**
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	V	☐ Delete	TITLE	V	☒ Change ☐ Addition
NAME	SPENCER GENE H		NAME	SPENCER GENE H	
STREET ADDRESS	360 CENTRAL AVENUE		STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST PETERSBURG FL 33701		CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	DEVP	☐ Delete	TITLE	PD	☒ Change ☐ Addition
NAME	MENKE ROBERT G		NAME	MENKE ROBERT G	
STREET ADDRESS	360 CENTRAL AVE		STREET ADDRESS	360 CENTRAL AVE	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SD	☐ Delete	TITLE	SD	☒ Change ☐ Addition
NAME	DELANO, G. KRISTIN		NAME	DELANO G KSD	
STREET ADDRESS	360 CENTRAL AVE.		STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL		CITY-ST-ZIP	ST. PETERSBURG FL 33701	
TITLE	PD	☐ Delete	TITLE	CD	☒ Change ☐ Addition
NAME	MENKE, ROBERT M.		NAME	MENKE ROBERT MCD	
STREET ADDRESS	360 CENTRAL AVE.		STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	PD	☐ Delete	TITLE	D	☒ Change ☐ Addition
NAME	MEEHAN, DAVID K.		NAME	MEEHAN DAVID KD	
STREET ADDRESS	360 CENTRAL AVE.		STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	D	☐ Delete	TITLE	TD	☒ Change ☐ Addition
NAME	HUSSEMANN, EDWIN C.		NAME	HUSSEMANN EDWIN CTD	
STREET ADDRESS	360 CENTRAL AVE.		STREET ADDRESS	360 CENTRAL AVE.	
CITY-ST-ZIP	ST PETERSBURG FL		CITY-ST-ZIP	ST PETERSBURG FL 33701	

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: G.K DELANO SD 03/29/2000