

2002 UNIFORM BUSINESS REPORT (UBR)

0451442 AV

DOCUMENT # 373024

1. Entity Name
ASSOCIATION OF INDEPENDENT MOTORISTS, INC.

FILED

02 APR 11 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
P.O. BOX 15707
ST. PETERSBURG FL 33733
US



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 59-1317750

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

~~DELANO, G. KRISTIN~~
360 CENTRAL AVENUE
ST. PETERSBURG FL 33701

Name Robert G. Southey
Street Address (P.O. Box Number is Not Acceptable)
360 Central Ave.
City St. Petersburg, FL Zip Code 33701

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  Robert G. Southey, Esq. 3/15/02
Signature, typed or printed name of registered agent and date 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE TD
NAME HUSSEMAN, EDWIN C TD
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE AS
NAME Haire, Nancy C.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE D
NAME MEEHAN, DAVID K D
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE VP, AS
NAME Snyder, David B.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

TITLE CD
NAME MENKE, ROBERT M CD
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST PETERSBURG FL 33701 ☐ Delete

TITLE P,D,C
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE SD
NAME DELANO, G K SD
STREET ADDRESS 360 CENTRAL AVE.
CITY-ST-ZIP ST. PETERSBURG FL 33701 ☒ Delete

TITLE S
NAME Southey, Robert G.
STREET ADDRESS 360 Central Ave.
CITY-ST-ZIP St. Petersburg, FL 33701 ☐ Change ☒ Addition

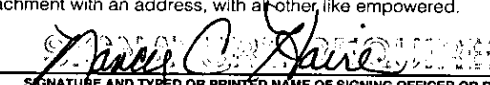
TITLE PD
NAME MENKE, ROBERT G
STREET ADDRESS 360 CENTRAL AVE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 400005389584-9
-04/30/02--01020--001
7972.75 *150.00

TITLE V
NAME SPENCER, GENE H
STREET ADDRESS 360 CENTRAL AVENUE
CITY-ST-ZIP ST PETERSBURG FL 33701 ☒ 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 another, like empowered.

SIGNATURE:  Nancy C. Haire 3/15/02 727 823-4000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secretary Date Daytime Phone #

CR2E034 (9/01)