

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90119 032 ***150.00

DOCUMENT # 387520

1. Entity Name

TRIANGLE CHEVROLET-BUICK-OLDS, INC.

Principal Place of Business

7TH ST. & NELSON AVE
P.O. BOX 1456
DEFUNIAK SPRINGS FL 32433

Mailing Address

7TH ST. & NELSON AVE
P.O. BOX 1456
DEFUNIAK SPRINGS FL 32433

2. Principal Place of Business

475 US HWY 90 E

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 1456

Suite, Apt. #, etc.

City & State

DeFuniak Springs

Zip
32433

Country
WALTON

City & State

DeFuniak Springs

Zip
32435

Country
WALTON

4. FEI Number **59-1357594**

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

LATHINGHOUSE, R.G.
5046 CTY HWY.
280 A
DEFUNIAK SPRINGS FL 32433

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

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, 2001 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 **ST** ☒ Delete
NAME **LATHINGHOUSE, T.L.**
STREET ADDRESS **130 PLATEAU AVE.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

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

TITLE **D** ☐ Delete
NAME **WILLIAMS, C.H.JR.**
STREET ADDRESS **891 LAKEVIEW DR.**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **V** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LATHINGHOUSE, R.G.**
STREET ADDRESS **5046 CTY. HWY., 280 A**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE **P/SIT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

R.G. Lathinghouse

R.G. LATHINGHOUSE

1-8-01

850-892-2151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)