

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 447312

1. Entity Name

JANIE DEAN CHEVROLET, INC.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90063 022 ***150.00

Principal Place of Business

Mailing Address

1000 US 1
VERO BEACH FL 32960

1000 US 1
VERO BEACH FL 32960-5767
US

2. Principal Place of Business

3. Mailing Address

2235 Okeechobee Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

West Palm Beach Florida

Zip

Country

33409

US

4. FEI Number

59-1512754

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

ROGER DEAN
2235 OKEECHOBEE BLVD
WEST PALM BCH FL 33409

Name

Tanen, Jeffrey S. ESQ

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

c/o Goldstein & Tanen, P.A.

2 South Biscayne Blvd Suite 3250

City

Miami

FL

Zip Code
33131

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 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	<input checked="" type="checkbox"/> Delete
NAME	DEAN, ROGER	
STREET ADDRESS	2235 OKEECHOBEE BLVD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	S	<input type="checkbox"/> Delete
NAME	DEAN PATRICIA B	
STREET ADDRESS	2235 OKEECHOBEE BLVD	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President/Treasurer/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean, Patricia B.	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Harry	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE	Secretary/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sotten, Julie M.	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach Florida 33409	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

Date

561-683-8100

Daytime Phone #

CR2E034 (9/99)