

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 491567

1. Entity Name

SOUTH GATE MOTORS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90080 048 ***158.75

Principal Place of Business

Mailing Address

13880 S. TAMiami TrL
 FT MYERS FL 33912
 US

13880 S. TAMiami TrL
 FT MYERS FL 33912-1628
 US

2. Principal Place of Business

3. Mailing Address

PO Box 110729

PO Box 110729

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples FL

City & State

Naples FL

4. FEI Number

59-1812159

Applied For

Not Applicable

Zip

Country

34108-0113

USA

Zip

Country

34108-0113

USA

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

FREELAND, BERNARD G
~~13880 S. TAMiami TrL~~
~~FT-MYERS FL 33912~~

Name

BERNARD G. FREELAND

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

~~917 Cypress Lake Cir~~

92 Myrtle Rd

City

Naples

FL

Zip Code

34108

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FREELAND, GEORGE	
STREET ADDRESS	13880 S. TAMiami TrL	
CITY-ST-ZIP	FT MYERS FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FREELAND, CHRISTOPHER	
STREET ADDRESS	917 CYPRESS LAKE CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33919	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FREELAND, BERNARD C.	
STREET ADDRESS	92 MYRTLE ROAD	
CITY-ST-ZIP	NAPLES 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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	George T. Freeland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George T. Freeland	
STREET ADDRESS	813 CAL COVE Dr	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	Christopher Freeland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Christopher Freeland	
STREET ADDRESS	917 Cypress Lake Cir	
CITY-ST-ZIP	FT MYERS, FL 33919	
TITLE	Bernard Freeland	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bernard Freeland	
STREET ADDRESS	92 Myrtle Rd	
CITY-ST-ZIP	NAPLES, FL 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

Date

Daytime Phone #

4/26/00

941-

633-3649

CR2E034 (9/99)