

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90415 035 ***150.00

DOCUMENT # **553372**

1. Entity Name
CLASSIC CAR CO.

Principal Place of Business 301 S ORLANDO AVE STE 200 MAITLAND FL 32751 US	Mailing Address PO BOX 1720 WINTER PARK FL 32790 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1791199		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent ROBINSON, RICHARD M 201 E PINE ST STE. 1200 ORLANDO FL 32802				7. Name and Address of New Registered Agent			
				Name			
				Street Address (P.O. Box Number is Not Accepted)			
				City		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 (not the taxpayer), (NOT Registered Agent's grantor or insured when registering) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	FILE DOWN FEE IS \$160.00 After MAY 1, 2001 Fee will be \$560.00 Make Check payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PSD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLER, ROGER W. JR			NAME			
STREET ADDRESS	301 S ORLANDO AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLER, ROGER W. III			NAME			
STREET ADDRESS	301 S ORLANDO AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLER, CHRISTOPHER A			NAME			
STREET ADDRESS	301 S ORLANDO AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE	VTD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLLER-ROGERS, JULIETTE E			NAME			
STREET ADDRESS	301 S ORLANDO AVE STE 200			STREET ADDRESS			
CITY-ST-ZIP	MAITLAND FL 32751			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *[Signature]* DATE: **4-25-01** DAYS TO REMAIN: **407-539-6500**

CR2E034 (10/00)