## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## May 03, 2001 8:00 am Secretary of State **DOCUMENT # 560941** 1. Entity Name NATION MOTOR CLUB, INC. 05-03-2001 90923 001 \*\*\*150.00 Principal Place of Business Mailing Address 3900 W. COMMERCIAL BLYD <del>-PO-BOX-599460</del> SHITE 200 FT LAUDERDALE FL 99959 757892 TAMARAC: FL-93909-3319 2. Principal Place of Business 3. Mailing Address 108 E. Newport Center Do 1108 E. Newport Center Dr Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1807382 Beach. Deerfield Beach Deerfiela Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRIMSLEY, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1880 BRICKELL AVE **MIAMI FL 33129** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PSD TITLE ☐ Change TITLE Delete NAME MENNELLA, FRANK NAME 1108 E. Hewport Center Drive Deerfiew Beaun, Fl 33440 STREET ADDRESS \*9900 W COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>Tamarac FL 3330</del>9 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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