

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 625688

1. Entity Name  
COUNTY LINE SELECT CARS, INC.

Principal Place of Business  
3040 N.W. GAINESVILLE RD  
OCALA FL 34470  
US

Mailing Address  
3040 N.W. GAINESVILLE RD  
OCALA FL 34470  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

200 E. Broward Blvd.

Suite, Apt. #, etc.

Suite 920

Ft. Lauderdale, FL

Zip  
33301

Country

4. FEI Number 59-1919231

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ALONSO, FRANCISCO  
3040 N.W. GAINESVILLE RD.  
OCALA FL 34470

7. Name and Address of New Registered Agent

Name  
Michael S. Riley  
Street Address (P.O. Box Number is Not Acceptable)  
200 E. Broward Blvd., #920  
City  
Ft. Lauderdale FL Zip Code  
33301

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 *Michael S. Riley* Michael S. Riley 5-29-01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, ARMANDO	
STREET ADDRESS	3040 N.W. GAINESVILLE RD.	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ALONSO, FRANCISCO	
STREET ADDRESS	3040 N.W. GAINESVILLE RD	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HUNEYCUTT, RONALD G	
STREET ADDRESS	7851 GREENBRIAR PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	MCALHANEY, W. HARDEE	
STREET ADDRESS	7851 GREENBRIAR PARKWAY	
CITY-ST-ZIP	ORLANDO FL 32819	
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	P.S.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcus A. Lemonis	
STREET ADDRESS	200 E. Broward Blvd., #920	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE	CFO-T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Casey Gunnell	
STREET ADDRESS	200 E. Broward Blvd., Suite 920	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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		
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: *Marcus A. Lemonis* Marcus A. Lemonis 5-29-01 954-522-9903  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90003 014 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)