

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 630982

1. Entity Name  
LAKELAND CHRYSLER-PLYMOUTH-DODGE, INC.

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90521 001 \*\*\*\*\*8.75  
04-18-2002 90521 002 \*\*\*150.00

Principal Place of Business  
2335 NEW DADE CITY HWY.  
P.O. BOX 90307  
LAKELAND FL 33804-7307

Mailing Address  
2335 NEW DADE CITY HWY.  
P.O. BOX 90307  
LAKELAND FL 33804-7307



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1924040		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
VAUGHN, ROBERT E. JR. 501 E KENNEDY BLVD. STE 706 TAMPA FL 33602				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
After May 1, 2002 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	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VAUGHN, ROBERT E.			NAME			
STREET ADDRESS	122 LAKEWOOD DR.			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, JAMES R. JR.			NAME			
STREET ADDRESS	6923 ASHBURY DR			STREET ADDRESS			
CITY-ST-ZIP	LAKELAND FL			CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, JAMES R.			NAME			
STREET ADDRESS	716 DORADO CT			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			CITY-ST-ZIP			
TITLE	STD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRYAN, ELIZABETH C.			NAME			
STREET ADDRESS	716 DORADO CT			STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL			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 an other like empowered.

SIGNATURE: James R. Bryan James R. Bryan-President 863-687-2501  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)