

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 703270

1. Entity Name

LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90062 025 ****61.25

Principal Place of Business

Mailing Address

4727 US HWY 19
NEW PORT RICHEY FL 34652
US

P. O. BOX 550538
JACKSONVILLE FL 32255-0538
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-6064616

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROBBINS, WILLIAM C.
2800 PARR COURT WEST
JACKSONVILLE FL 32245-9098

Name

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

City

FL

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME OSMAN, PERRY
STREET ADDRESS 625 E NASA BLVD
CITY-ST-ZIP MELBOURNE FL

TITLE CD ☒ Change ☐ Addition
NAME OSMAN, PERRY
STREET ADDRESS 625 E. NASA BLVD
CITY-ST-ZIP MELBOURNE, FL

TITLE TD ☒ Delete
NAME SCHAEFER, JOHN
STREET ADDRESS 4001 PONCE DE LEON BLVD.
CITY-ST-ZIP CORAL GABLE FL

TITLE D ☐ Change ☒ Addition
NAME PAUL SCHAEFER
STREET ADDRESS 4001 PONCE DE LEON BLVD
CITY-ST-ZIP CORAL GABLES, FL

TITLE D ☐ Delete
NAME CLEMENTE, PHIL
STREET ADDRESS 14200 S TAMiami TrL
CITY-ST-ZIP FT MYERS FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME LYNCH, WILLIAM B.
STREET ADDRESS 4620 SOUTHSIDE BLVD.
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ Change ☒ Addition
NAME JERRY YORK
STREET ADDRESS 350 BEAL PARKWAY
CITY-ST-ZIP FT. WALTON BEACH, FL

TITLE CD ☒ Delete
NAME MURPHY, DENNIS
STREET ADDRESS 4727 U.S. HWY 19
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE D ☐ Change ☒ Addition
NAME FREDDY JENKINS
STREET ADDRESS 941 E. MAIN STREET
CITY-ST-ZIP LAKE LAND, FL

TITLE D ☐ Delete
NAME BENDER, JAMES
STREET ADDRESS 2250 N STATE RD 7
CITY-ST-ZIP MARGATE FL 33063

TITLE D ☐ Change ☒ Addition
NAME LARRY RAMBACH
STREET ADDRESS 7447 BLANDING BOULEVARD
CITY-ST-ZIP JACKSONVILLE, FL

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

James B. Bender
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
Date

321-725-1106
Daytime Phone #

CR2E037 (9/99)