

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 703270**

1. Entity Name

**LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN****FILED****Mar 02, 2001 8:00 am**  
**Secretary of State**

03-02-2001 90087 044 \*\*\*\*61.25

Principal Place of Business

4727 US HWY 19  
NEW PORT RICHEY FL 34652  
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2800 Parr Court West

Suite, Apt. #, etc.

3. Mailing Address

P. O. Box 550538

Suite, Apt. #, etc.

City &amp; State

Jacksonville

City &amp; State

Florida

4. FEI Number

59-6064616

Applied For

Not Applicable

Zip

32216

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
OSMAN, PERRY  
625 E NASA BLVD  
MELBOURNE FL ☒ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
SCHAEFER, PAUL  
4001 PONCE DE LEON BLVD.  
CORAL GABLE FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
CLEMENTE, PHIL  
14200 S TAMiami TRL  
FT MYERS FL 33912 ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
YORK, JERRY  
350 BEAL PARKWAY  
FT WALTON BEACH FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
JENKINS, FREDDY  
941 E MAIN STREET  
LAKELAND FL ☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BENDER, JAMES  
2250 N STATE RD 7  
MARGATE FL 33063 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
JERNIGAN, RICHARD  
407 S. Magnolia Avenue  
Ocala, FL 34474 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CSICSILA, PAUL  
8101 NW 7TH AVENUE  
Miami, FL 33150 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LYNCH, TOM  
4620 Southside Blvd  
Jacksonville, FL 32216 ☐ Change ☒ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)