

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2001 8:00 am
Secretary of State

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

DOCUMENT # 703270
 1. Entity Name
LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN

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
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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.
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City & State Jacksonville	City & State Florida	4. FEI Number 59-6064616	Applied For Not Applicable
Zip 32216	Country	Zip	Country

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD OSMAN, PERRY 625 E NASA BLVD MELBOURNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHAEFER, PAUL 4001 PONCE DE LEON BLVD. CORAL GABLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CLEMENTE, PHIL 14200 S TAMiami TRL FT MYERS FL 33912	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YORK, JERRY 350 BEAL PARKWAY FT WALTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JENKINS, FREDDY 941 E MAIN STREET LAKELAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENDER, JAMES 2250 N STATE RD 7 MARGATE FL 33063	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CSICSILA, PAUL 8101 NW 7TH AVENUE Miami, FL 33150	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, TOM 4620 Southside Blvd Jacksonville, FL 32216	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: Phil Clemente **Phil Clemente, chairman** 2/24/01 944-433-2277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)