

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90003 050 \*\*\*\*61.25

**DOCUMENT # 703270**

1. Entity Name

**LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN  
DO REGION, INC.**

Principal Place of Business

**2800 PARR COURT WEST  
JACKSONVILLE FL 32216  
US**

Mailing Address

**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 ☐ Delete  
NAME **D JERNIGAN, RICHARD**  
STREET ADDRESS **407 S MAGNOLIA AVE**  
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ Change ☒ Addition  
NAME **DT Tom Lynch**  
STREET ADDRESS **North Florida Lincoln Mercury**  
CITY-ST-ZIP **4620 Southside Blv d  
Jacksonville, FL 32216**

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

TITLE ☐ Change ☒ Addition  
NAME **D Bill Wallace**  
STREET ADDRESS **Wallace Lincoln Mercury**  
CITY-ST-ZIP **3801 SE Federal Highway  
Stuart, FL 33484**

TITLE ☐ Delete  
NAME **DC CLEMENTE, PHIL**  
STREET ADDRESS **14200 S TAMAMI TRL**  
CITY-ST-ZIP **FT MYERS FL 33912**

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

TITLE ☒ Delete  
NAME **D YORK, JERRY**  
STREET ADDRESS **350 BEAL PARKWAY**  
CITY-ST-ZIP **FT WALTON BEACH FL**

TITLE ☐ Change ☒ Addition  
NAME **D William Robinson**  
STREET ADDRESS **Robinson Bros Lincoln Mercury**  
CITY-ST-ZIP **1739 Beltline Hwy South  
Mobile, AL 36606**

TITLE ☐ Delete  
NAME **D JENKINS, FREDDY**  
STREET ADDRESS **941 E MAIN STREET**  
CITY-ST-ZIP **LAKELAND FL**

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

TITLE ☒ Delete  
NAME **D CSICSILA, PAUL**  
STREET ADDRESS **8101 NW 7TH AVE**  
CITY-ST-ZIP **MIAMI FL 33150**

TITLE ☐ Change ☒ Addition  
NAME **D Rich Zich**  
STREET ADDRESS **Pompano Lincoln Mercury**  
CITY-ST-ZIP **2741 N. Federal Highway  
Pompano Beach, FL 33064**

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/02

941 433 2277

Date Daytime Phone #

CR2E037 (9/01)