

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90207 001 \*\*\*661.25

— 6341



DO NOT WRITE IN THIS SPACE

**DOCUMENT # 704842**

1. Entity Name

**AAA AUTO CLUB SOUTH, INC.**

Principal Place of Business

Mailing Address

1515 N. WESTSHORE BLVD  
 TAMPA FL 33607  
 US

1515 N. WESTSHORE BLVD  
 TAMPA FL 33607-4505  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0475480**

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

**SHARP, ROBERT R.**  
**1515 N. WESTSHORE BLVD.**  
**TAMPA FL 33607**

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:**  
**FEES 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 **TSDV**  
 STREET ADDRESS **TORRENCE, JOHN A**  
 CITY-ST-ZIP **5016 AVENUE AVIGNON**  
**LUTZ FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **DP**  
 STREET ADDRESS **SHARP, ROBERT R**  
 CITY-ST-ZIP **18710 PEPPER PIKE LANE**  
**LUTZ FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **OBRIEN, THOMAS E**  
 CITY-ST-ZIP **13821 CYPRESS VILLAGE CIR.**  
**TAMPA FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **18002 Richmond Place Drive #917**  
 CITY-ST-ZIP **Tampa, FL 33647**

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **TOMLIN, JOHN A.**  
 CITY-ST-ZIP **18008 CLEAR LAKE DR.**  
**LUTZ FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **MCMUTRIE, JENNIFER K.**  
 CITY-ST-ZIP **2847 1ST ST NE**  
**ST PETERSBURG FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **BAKEWELL, KEVIN W.**  
 CITY-ST-ZIP **12594 92ND WAY NORTH**  
**LARGO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]*

**SIGNATURE REQUIRED**  
**John A. Torrence**

3/7/00

Date

813-289-5902

Daytime Phone #

CFR2E037 (9/99)