

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90113 001 ***661.25

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
 US

23777



DO NOT WRITE IN THIS SPACE

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

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:
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TSDV <input checked="" type="checkbox"/> Delete	TITLE	VP & Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TORRENCE, JOHN A	NAME	Doris Seckman
STREET ADDRESS	5016 AVENUE AVIGNON	STREET ADDRESS	605 Tropical Breeze Way
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	Tampa, FL 33602
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARP, ROBERT R	NAME	
STREET ADDRESS	18710 PEPPER PIKE LANE	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OBRIEN, THOMAS E	NAME	
STREET ADDRESS	18002 RICHMOND PLACE DRIVE #917	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33647	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMLIN, JOHN A.	NAME	
STREET ADDRESS	18008 CLEAR LAKE DR.	STREET ADDRESS	
CITY-ST-ZIP	LUTZ FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMUTRIE, JENNIFER K.	NAME	
STREET ADDRESS	2847 1ST ST NE	STREET ADDRESS	
CITY-ST-ZIP	ST PETERSBURG FL	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKEWELL, KEVIN W.	NAME	
STREET ADDRESS	12594 92ND WAY NORTH	STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	CITY-ST-ZIP	

CR2E037 (10/00)

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: X *Doris Seckman* **REQUIRED** Doris Seckman 1/4/01 (813) 289-5902

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #