2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **706372** 1. Entity Name ORLANDO ZONE CHRYSLER/PLYMOUTH/JEEP DEALER ADVER 03-15-2000 90080 021 ****61.25 Principal Place of Business Mailing Address C/O BECK CHRYSLER PLYMOUTH C/O BECK CHRYSLER PLYMOUTH 1900 SUMMIT TOWER BLVD., SUITE 490 1900 SUMMIT TOWER BLVD., SUITE 490 ORLANDO FL 32810-5950 ORLANDO FL 32810 2. Principal Place of Business 3. Mailing Address Bradien Park Ct DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-1085598 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GRUBB, KEITH C/O BOZELL WORLDWIDE, INC. 1900 SUMMIT TOWER BLVD., SUITE 490 City Zio Code ORLANDO FL 32810 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 Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition ☐ Change TITLE TITLE ☐ Delete Beck, Carl NAME SMITH, ORIE NAME 256 Hwy. 17 North STREET ADDRESS STREET ADDRESS 300 N. BEACH STREET Palatkan, FL 32177 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32114 TITLE Change **Addition** TITLE Delete Galeana, JR., FRank 14875 Tamiami TRail NAME NAME FIRKINS, BOB STREET ADDRESS STREET ADDRESS 2700 1ST STREET CITY-ST-ZIP CITY-ST-ZIE Ft. Myers, FL 33912 **BRADENTON FL 34208** ☐ Change **X** Addition TITLE THILE ☐ Delete Schmidt, SR., Wayne 8755 Park Blvd. North NAME GRIFFIN, FRANK NAME STREET ADDRESS STREET ADDRESS 5735 PHILLIPS HWY CITY-ST-ZIP seminole, FL 34647 CITY-ST-ZIP Jacksonville FL 32216 Addition ☐ Delete Change TITLE TITLE smith, Marion HELPHENSINE, BOB NAME NAME 502 East Park Rd. STREET ADDRESS STREET ADDRESS **1801 TAMIAMI TERRACE** CITY-ST-ZIP CITY-ST-ZIP Plant City, FL 33566 **PUNTA GORDA FL 33950** Change Addition D **X** Delete TITLE Stallings, David 1245 38th Blud. NAME NAME MUDRY, LEON 14375 TAMIAMI TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete ☐ Change X Addition TITLE TITLE NAME HAWES, T J NAME STREET ADDRESS 3535 N. MAIN STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

and qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information trafe and that my signature shall have the same legal effect as if made under oath; that I am an officer or director use this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if a powered. 12. I hereby certify that the information supplied with the filling does indicated on this report or supplemental report is the and accu indicated on this report or supplemental report is to of the corporation or the receiver or trustee empore and accu ed to exec changed, or on an attachment with an address, w

melbourne.

SIGNATURE:

GAINESVILLE FL 32609

Wured SIGNATI F SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

Daytime Phone # Date