2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
05-23-2002 90072 041 ****61.25

DOCUMENT # 708018

1. Entity Name

THE FLORIDA AUTOMOTIVE WHOLESALERS ASSN., INC.

Principal Place of Business	Mailing Address
11 N. SUMMERLIN SUITE 209 ORLANDO FL 32801-9929	~~11 N. SUMMERLIN~~ ~~SUITE 209~~ ORLANDO FL 32801-9929

2. Principal Place of Business	3. Mailing Address
550 N. Bumby Ave/St#215	P.O. Box 533009
Suite, Apt. #, etc. 215	Suite, Apt. #, etc.
City & State Orlando, Florida	City & State Orlando, Florida
Zip: 32803-; Country: USA	Zip: 32853-3009; Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-0759240 — 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
MORRISON, THOMAS 11 NORTH SUMMERLIN AVENUE SUITE 209 ORLANDO FL 32801	Name: GEORGE EHRHARD D Street Address (P.O. Box Number is Not Acceptable): 550 N. Bumby Ave #215 City: ORLANDO FL Zip Code: 32803

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: George Ehrhard — 4/30/02 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. ☐ **$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: SD NAME: GOMEZ, MANNY D STREET ADDRESS: 3535 NW 7TH ST. CITY-ST-ZIP: MIAMI FL 33125	☐ Delete	TITLE: Vice-President D NAME: STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: D NAME: MORRISON, THOMAS STREET ADDRESS: 11 NORTH SUMMERLIN AVENUE #209 CITY-ST-ZIP: ORLANDO FL	☑ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: TD NAME: DARVILLE, CLYDE STREET ADDRESS: 901 N HOWARD CITY-ST-ZIP: TAMPA FL 33606	☑ Delete	TITLE: SECRETARY NAME: VIC DAVIS D STREET ADDRESS: 820 NW 27th AVENUE CITY-ST-ZIP: OCALA, FL 34475	☐ Change ☑ Addition
TITLE: PD NAME: SCHEFFER, ROY D STREET ADDRESS: 4463 LAFAYETTE ST. CITY-ST-ZIP: MARIANNA FL 32446	☐ Delete	TITLE: TREASUER D NAME: STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: VD NAME: PRATHER, JOEL D STREET ADDRESS: 6422 N HWY 98 CITY-ST-ZIP: PANAMA CITY BEACH FL 32407	☐ Delete	TITLE: President D NAME: STREET ADDRESS: CITY-ST-ZIP:	☑ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E037 (9/01)

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 REQUIRED — 4/30/02 Date — (407) 895-9046 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR