

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 731898

1. Entity Name

LAKELAND AUTOMOBILE DEALERS ASSOCIATION, INC. ✓

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90366 050 ****61.25

Principal Place of Business

Mailing Address

1405 WINDEMERE AVENUE
P.O. BOX 2335
LAKELAND FL 33803

1405 WINDEMERE AVENUE
P.O. BOX 2335
LAKELAND FL 33803

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0182685

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

TRUEBLOOD, SUZANNE P.
1405 WINDEMERE AVENUE
LAKELAND FL 33803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HOLLEY, MICHAEL
1025 US 98 SOUTH
LAKELAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CAMPISI, SAL J
2615 LAKELAND HILLS BLVD
LAKELAND FL ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CANNON, TERRY
5210 S. FLA AVE
LAKELAND FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
MUTZ, H W
1430 WEST MEMORIAL BLVD
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
DOHERTY, CHRIS
1200 W MEMORIAL BLVD
LAKELAND FL 33801 ☐ Delete

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

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 *Freddy Jenkins* FREDDY JENKINS

7-11-02

863 682-6157

CR2E037 (4/02)