


FILE NOW: FILING FEE IS \$61.25

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Apr 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **752262** (6)

1. Corporation Name

GAINESVILLE NEW AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**2300 N.W. 71ST PLACE
C/O VAR HEYL, S/T
GAINESVILLE FL 32653
US**

**2300 N.W. 71ST PLACE
C/O VAR HEYL, S/T
GAINESVILLE FL 32653-1622
US**



2. Principal Place of Business

2a. Mailing Address

21 1020 N W 23rd Avenue

26 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite A

27

City & State

City & State

23 Gainesville, Florida

28

Zip

Country

Zip

Country

24 32609

25 USA

29

30

3. Date Incorporated or Qualified

04/30/1980

3a. Date of Last Report

04/19/1996

4. FEI Number

59-2018784

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRASINGTON, JOHN T
2001 NW 13TH ST
GAINESVILLE FL 32601**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD** ☐ DELETE
NAME **HEYL, VAR**
STREET ADDRESS **2300 NW 71ST PL.**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **PD** ☒ DELETE
NAME **BRASINGTON, JOHN T**
STREET ADDRESS **2001 N.W. 13TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **PD**
2.3 STREET ADDRESS **T. J. Hawes**
2.4 CITY-ST-ZIP **3535 N. Main St. Gainesville, Fl. 32609**

TITLE **VPD** ☒ DELETE
NAME **ADAM ROHLMAN**
STREET ADDRESS **3345 N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **VPD**
3.3 STREET ADDRESS **Roland Daniels**
3.4 CITY-ST-ZIP **3737 N. Main St. Gainesville, Fl. 32609**

TITLE **D** ☐ DELETE
NAME **BRASINTON, JOHN**
STREET ADDRESS **2001 N.W. 13TH ST**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **HAWES, T. J**
STREET ADDRESS **3535 N. MAIN ST**
CITY-ST-ZIP **GAINESVILLE FL**

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Adam Rohlman**
5.4 CITY-ST-ZIP **3345 N. Main St. Gainesville, Fl. 32609**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SECRET

CP2E037 (9/96)