

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 752262**

1. Corporation Name

**GAINESVILLE NEW AUTOMOBILE DEALERS ASSOCIATION, INC.**

Principal Place of Business

**2300 N W 71ST PLACE  
GAINESVILLE FL 32653  
US**

Mailing Address

**2300 N W 71ST PLACE  
STE. A  
GAINESVILLE FL 32609  
US****FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90213 008 \*\*\*\*61.25

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2. Principal Place of Business

**21** Suite, Apt. #, etc.**23** City & State**24** Zip **25** Country

2a. Mailing Address

**26** **2300 N W 71st PLACE****27** Suite, Apt. #, etc.**27** **GAINESVILLE****28** City & State**28** **FLORIDA USA****29** Zip **30** Country**29** **32653** **30** **ALACHUA**

3. Date Incorporated or Qualified

**04/30/1980**

4. FEI Number

**59-2018784**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

**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

TITLE ☐ DELETE**STD  
NAME HEYL, VAR  
STREET ADDRESS 2300 NW 71ST PL.  
CITY-ST-ZIP GAINESVILLE FL**TITLE ☐ DELETE**PD  
NAME DANIELS, ROLAND  
STREET ADDRESS 3737 N MAIN ST  
CITY-ST-ZIP GAINESVILLE FL 32609**TITLE ☒ DELETE**VPD  
NAME FROCHT, JERRY  
STREET ADDRESS 4222 NW 13TH ST  
CITY-ST-ZIP GAINESVILLE FL 32609**TITLE ☐ DELETE**D  
NAME BRASINTON, JOHN  
STREET ADDRESS 2001 N.W. 13TH ST  
CITY-ST-ZIP GAINESVILLE FL**TITLE ☐ DELETE**D  
NAME ROHLMAN, ADAM  
STREET ADDRESS 3345 N MAIN ST  
CITY-ST-ZIP GAINESVILLE FL**TITLE ☐ DELETE**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**14.** 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 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 on an attachment with an address, with all other like empowered.**SIGNATURE:** VAR HEYL  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

352-375-3222

Daytime Phone #

CR2E037 (11/98)