

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752262

1. Entity Name

GAINESVILLE NEW AUTOMOBILE DEALERS ASSOCIATION.

FILED

Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90060 042 ****61.25

Principal Place of Business

Mailing Address

2300 N W 71ST PLACE
GAINESVILLE FL 32653
US

2300 NW 71ST PLACE
GAINESVILLE FL 32653-1622
US

2. Principal Place of Business

4016 N.W. 22nd DRIVE

3. Mailing Address

4016 N.W. 22nd DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GAINESVILLE, FLORIDA

City & State

GAINESVILLE, FLORIDA

Zip

32605

Country

USA

Zip

32605

Country

USA

4. FEI Number

59-2018784

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 STD
NAME HEYL, VAR
STREET ADDRESS 2300 NW 71ST PL
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD
NAME DANIELS, ROLAND
STREET ADDRESS 3737 N MAIN ST
CITY-ST-ZIP GAINESVILLE FL 32609

☒ Delete

TITLE P.D. PRESIDENT
NAME CHRIS KRAFT
STREET ADDRESS 3525 N.W. 97th BLVD
CITY-ST-ZIP GAINESVILLE, FL, 32609

☒ Change ☐ Addition

TITLE VPD
NAME KRAFT, CHRIS
STREET ADDRESS 3525 NW 97TH BLVD
CITY-ST-ZIP GAINESVILLE FL 32609

☒ Delete

TITLE VPD- ADAM ROHLMAN
NAME
STREET ADDRESS 3345 N. MAIN ST.
CITY-ST-ZIP GAINESVILLE, FL, 32609

☒ Change ☐ Addition

TITLE D
NAME BRASINGTON, JOHN
STREET ADDRESS 2001 N.W. 13TH ST
CITY-ST-ZIP GAINESVILLE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME ROHLMAN, ADAM
STREET ADDRESS 3345 N MAIN ST
CITY-ST-ZIP GAINESVILLE FL

☒ Delete

TITLE D - ROLAND DANIELS
NAME
STREET ADDRESS 3737 N. MAIN ST.
CITY-ST-ZIP GAINESVILLE, FL, 32609

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

VAR HEYL 4-9-00 352-373-3332