

# 2001 UNIFORM BUSINESS REPORT (UBR)

6/5

FILED

Jul 13, 2001 8:00 am  
Secretary of State

06-05-2001 90031 019 \*\*\*\*61.25

DOCUMENT #

764658

1. Entity Name

1110 FLORIDA MUSTANG CLUB, INC.

Principal Place of Business

31 OAK HOLLOW DR  
APOKA FL 32712

Mailing Address

PO Box 2426  
ORLANDO FL 32822

(NO CHANGE)

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

59-2977608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARRY GOEBEL

31 OAK HOLLOW DR  
APOKA FL 32712

7. Name and Address of New Registered Agent

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

LARRY GOEBEL, PRES

5/3/01

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

TITLE	PRES	<input type="checkbox"/> Delete
NAME	LARRY GOEBEL	
STREET ADDRESS	31 OAK HOLLOW DR	
CITY-STATE-ZIP	APOKA, FL 32712	
TITLE	VICE PRES.	<input type="checkbox"/> Delete
NAME	John E. Smith	
STREET ADDRESS	944 SYLVIA DR.	
CITY-STATE-ZIP	DELTONA FL 32725	
TITLE	SECR.	<input type="checkbox"/> Delete
NAME	BILL MORGAN	
STREET ADDRESS	221 C. COOKER STICK CT	
CITY-STATE-ZIP	ORLANDO, FL 32823	
TITLE	TREAS	<input type="checkbox"/> Delete
NAME	CHRISTINA HEFKE	
STREET ADDRESS	2213 WINTER WOODS BLVD.	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	DAVID V. HEFKE	
STREET ADDRESS	2213 WINTER WOODS BLVD	
CITY-STATE-ZIP	WINTER PARK FL 32792	
TITLE	DIR	<input type="checkbox"/> Delete
NAME	Catherine R. Wear	
STREET ADDRESS	5014 TIMBER RIDGE TRAIL	
CITY-STATE-ZIP	DOVER, FLA. 34761	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Wear	
STREET ADDRESS	5014 Timber Ridge Trail	
CITY-STATE-ZIP	DOVER, FLA. 34761	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY MEYER	
STREET ADDRESS	726 W. PINWOOD CT.	
CITY-STATE-ZIP	LAKE MARY, FL 32746	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL CULVER	
STREET ADDRESS	105 DESTINY COVE	
CITY-STATE-ZIP	AUTAMONTE SPRINGS, FL 32714	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD GOFF	
STREET ADDRESS	501 COLLIE LANE	
CITY-STATE-ZIP	MAIRLAND, FL. 32751	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chet Polk, Jr.	
STREET ADDRESS	1266 Burning Tree Lane	
CITY-STATE-ZIP	Winter Park, FL 32792	
TITLE	DIR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY FRENCH	
STREET ADDRESS	2520 ALAN ST.	
CITY-STATE-ZIP	DELTONA FL 32738	

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 no 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:

CHRISTINA HEFKE, TREAS.

Date

Daytime Phone #

5/31/01 407-678-0536

CR2E037 (11/00)

Attachment  
DH 764658  
76324



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 7, 2001

MID-FLORIDA MUSTANG CLUB, INC.  
PO BOX 2426  
ORLANDO, FL 32802 US

Subject: MID-FLORIDA MUSTANG CLUB, INC.

Reference Number: 764658

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$61.25; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/ew

ANNUAL REPORTS SECTION

rec 7/28/01

attached  
corrected - 1  
Smy  
C. Hays