

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90029 022 ***150.00

DOCUMENT # 830243

1. Entity Name

GREENWAY FORD, INC.

Principal Place of Business

**5700 E COLONIAL DR
 ORLANDO FL 32807-3406**

Mailing Address

**9001 E COLONIAL DR
 ORLANDO FL 32817**

2. Principal Place of Business

9001 E COLONIAL DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

Zip

32817

Country

ORANGE

Zip

Country

4. FEI Number

59-1543301

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
 NAME **VP**
 STREET ADDRESS **ATKINSON, CARL**
 CITY-ST-ZIP **5700 E COLONIAL DRIVE
 ORLANDO FL 32807**

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **RODRIGUEZ, FRANK**
 CITY-ST-ZIP **5700 E COLONIAL DRIVE
 ORLANDO FL**

TITLE ☐ Delete
 NAME **T**
 STREET ADDRESS **ALDEN, EDWARD M**
 CITY-ST-ZIP **5700 E COLONIAL DRIVE
 ORLANDO FL 32807**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9001 E COLONIAL DR**
 CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **9001 E COLONIAL DR**
 CITY-ST-ZIP **ORLANDO, FL 32817**

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01

Date

(407) 275 3200 x4319

Daytime Phone #

CP2024 (10/00)