

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000581**

1. Entity Name

**CH MOTORS, LTD.**

Principal Place of Business

**4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224**

Mailing Address

**P.O. BOX 16469  
JACKSONVILLE FL 32245**

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

**59-3185442**

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

**COGGIN, LUTHER W  
4306 PABLO OAKS COURT  
JACKSONVILLE FL 32224**

Name **C.T. Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

City **Plantation**

**FL**

Zip Code  
**33324**

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

**MARY ALICE ROGERS  
Assistant Vice President**

**2-01-01**

9. Capital Contributions  
as Shown on record.

**\$7,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M98000001271**  
NAME **ASBURY JAX MANAGEMENT LLC**  
STREET ADDRESS **4306 PABLO OAKS COURT**  
CITY-ST-ZIP **JACKSONVILLE FL 32224**

STREET ADDRESS

CITY-ST-ZIP

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**Linda L. Markette, Treasurer**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**FILED**

**01 FEB 14 PM 12:30**

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

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CR2E003 (11/00)