

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # F00000004749

1. Entity Name
AUTONATION IMPORTS OF LONGWOOD, INC.

| | |
|--|--|
| Principal Place of Business 110 S.E. 6TH STREET, 20TH FLOOR FORT LAUDERDALE FL 33301 | Mailing Address 110 S.E. 6TH STREET, 20TH FLOOR FORT LAUDERDALE FL 33301 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State | 3. Mailing Address Suite, Apt. #, etc. City & State |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|

| | |
|------------------------------------|--|
| 4. FEI Number 65-1032195 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
ROLLIN KENNETH B
 Street Address (P.O. Box Number is Not Acceptable)
110 SE 6TH ST.
 20TH FLOOR
 City
FT. LAUDERDALE FL Zip Code
33301

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 **KENNETH B. ROLLIN** DATE **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | D | <input type="checkbox"/> Delete | |
| NAME | MAROONE MICHAEL | | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 20TH FLOOR | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | | |
| TITLE | T | <input type="checkbox"/> Delete | |
| NAME | BOURHIS MARC | | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 20TH FLOOR | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | | |
| TITLE | VSD | <input type="checkbox"/> Delete | |
| NAME | FERRANDO JONATHAN P | | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 20TH FLOOR | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | | |
| TITLE | P | <input type="checkbox"/> Delete | |
| NAME | SALHANY RONALD | | |
| STREET ADDRESS | 110 S.E. 6TH STREET, 20TH FLOOR | | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33301 | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|---|--|---------------------------------|-----------------------------------|
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> 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: **JONATHAN P. FERRANDO** VSD DATE **05/01/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)