## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 28, 2001 8:00 am Secretary of State **DOCUMENT # F66978** TERRY TAYLOR FORD COMPANY 02-28-2001 90006 025 \*\*\*150.00 Principal Place of Business Mailing Address 740 W INTERNATIONAL SPEEDWAY BLVD 515 E LAS OLAS BLVD DAYTONA BCH. FL 32114-3540 SUITE 900 FT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2164165 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TAYLOR, TERRY Street Address (P.O. Box Number is Not Acceptable) 515 EAST LAS OLAS BLVD SUITE 900 FT LAUDERDALE FL 33301 Zip Code Fl 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE Change ☐ Addition TITLE TAYLOR, TERRY STREET ADDRESS 515 E LAS OLAS BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ☐ Delete Addition NAME CIENER, CAROL A. NAME STREET ADDRESS 515 EAST LAS OLAS BOULEVARD, SUITE #900 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete TITLE TITLE ☐ Change X Addition GARY YEOMANS NAME NAME STREET ADDRESS STREET ADDRESS 740 W. INT'L SPEEDWAY BLVD. CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH, FL 32114 Addition TITI F Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TERRY TAYLOR

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954-527-4420