

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001226

1. Entity Name

SELECT AUTOMOTIVE HOLDINGS, INC.

**FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90025 020 \*\*\*150.00

Principal Place of Business

Mailing Address

466 LEXINGTON AVENUE  
NEW YORK NY 10017

6000 MONROE RD.  
SUITE 100  
CHARLOTTE NC 28212-6178

2. Principal Place of Business

6000 Monroe Road

3. Mailing Address

Suite, Apt. #, etc.

Suite 100

City & State

Charlotte, NC

City & State

Zip

28212

Country

U.S.A.

Zip

Country

4. FEI Number

56-1818736

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

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE FL 32301

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete  
NAME POMERANTZ, ERNEST  
STREET ADDRESS 466 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE President ☐ Change ☒ Addition  
NAME Perkins, J.C.  
STREET ADDRESS 6000 Monroe Road, Suite 100  
CITY-ST-ZIP Charlotte, NC 28212

TITLE STVP ☒ Delete  
NAME SANTOLERI, JOHN D  
STREET ADDRESS 466 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE VP ☐ Change ☒ Addition  
NAME Musgrave, W.O.  
STREET ADDRESS 6000 Monroe Road, Suite 100  
CITY-ST-ZIP Charlotte, NC 28212

TITLE D ☒ Delete  
NAME LAPIDUS, SIDNEY  
STREET ADDRESS 466 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE AS ☐ Delete  
NAME HUZL, JAMES F  
STREET ADDRESS 6000 MONROE RD., SUITE 100  
CITY-ST-ZIP CHARLOTTE NC

TITLE VP & Sec'y ☒ Change ☐ Addition  
NAME Huzl, James F.  
STREET ADDRESS 6000 Monroe Road, Suite 100  
CITY-ST-ZIP Charlotte, NC 28212

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James F. Huzl,

4/13/00

Date

(704) 7568-5550

Daytime Phone #

CR2E034 (9/99)