

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002895

1. Entity Name

THE PRIVILEGE AUTO CLUB, INC.

FILED
Apr 23, 2000 8:00 am
Secretary of State

04-23-2000 90052 032 ***150.00

Principal Place of Business	Mailing Address
390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801	390 N. ORANGE AVENUE SUITE 2500 ORLANDO FL 32801-1683

2. Principal Place of Business	3. Mailing Address
254 DRIGGS DRIVE Suite, Apt. #, etc.	P.O. BOX 1809 Suite, Apt. #, etc.

City & State	City & State
WINTER PARK, FL	WINTER PARK, FL

Zip	Country	Zip	Country
32792	USA	32793	USA

6. Name and Address of Current Registered Agent

SALLEY, STEPHEN G ESQ.
390 N. ORANGE AVENUE
SUITE 2500
ORLANDO FL 32801

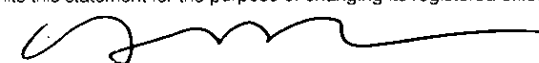
4. FEI Number	59-3186325	Applied For	Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name
B&C CORPORATE SERVICES CENTRAL FLORIDA, INC
Street Address (P.O. Box Number is Not Acceptable)
390 N. ORANGE AVE
SUITE 1100
City
ORLANDO FL Zip Code
32801

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  DATE 4/13/00

Signature, typed or printed name of registered agent and fee is applicable. If no fee is required, 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, 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	PSTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARROLL, PATTI		NAME		
STREET ADDRESS	201 EAST PINE STREET, SUITE 1200		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHMIDT, CHERYL		NAME		
STREET ADDRESS	254 DRIGGS DR.		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:  DATE 4/14/2000 DAYTIME PHONE # 407-678-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR