

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000004937

1. Entity Name

STARKE FORD-MERCURY, INC.

Principal Place of Business

Mailing Address

13447 US HWY 301 S
STARKE FL 32091
US

P.O. BOX 940
STARKE FL 32091-0940
US

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 59-3208048

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 DORSEY, T D
STREET ADDRESS 1455 LINCOLN PARKWAY, STE. 450
CITY-ST-ZIP ATLANTA GA

TITLE President, Director ☐ Change ☒ Addition
NAME JOHNSON, THOMAS J.
STREET ADDRESS 1979 LEE'S LANDING CIRCLE
CITY-ST-ZIP CONWAY, S.C. 29526

TITLE VD ☒ Delete
NAME KILBRIDE, B L
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48243

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

TITLE D ☒ Delete
NAME CHILDS, L. C.
STREET ADDRESS 1455 LINCOLN PARKWAY STE. 450
CITY-ST-ZIP ATLANTA GA

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

TITLE ASD ☒ Delete
NAME KATARIA, B P
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48243

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

TITLE D ☒ Delete
NAME VESSECHIA, B J
STREET ADDRESS 300 RENAISSANCE CENTER
CITY-ST-ZIP DETROIT MI 48243

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

TITLE ST ☐ Delete
NAME BOATRIGHT, H. C.
STREET ADDRESS RT. 1 BOX 757
CITY-ST-ZIP STARKE FL

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

Date

Daytime Phone #

FILED

Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90053 031 ***158.75

B0023670



DO NOT WRITE IN THIS SPACE

904-964-

7200