

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 am  
Secretary of State

02-07-2000 90042 010 \*\*\*150.00

DOCUMENT # F94853

1. Entity Name

CARUSO CHRYSLER PLYMOUTH JEEP, INC.

Principal Place of Business

Mailing Address

1750 SOUTHSIDE BLVD.  
JACKSONVILLE FL 32216

P.O. BOX 16129  
JACKSONVILLE FL 32245-6129

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 59-2213687

Applied  
Not Applied

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

CARUSO, J.E.

345 PONTE VEDRA BLVD.

PONTE VEDRA BCH FL 32082

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 F

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CARUSO, JOHN E.  
STREET ADDRESS 345 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE TD ☐ Delete  
NAME CARUSO, JO ANN  
STREET ADDRESS 345 PONTE VEDRA BLVD.  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE VD ☐ Delete  
NAME CARUSO, JOHN M.  
STREET ADDRESS 2135 IVYGAIL DR.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Delete  
NAME SHASHY, LAURIE C.  
STREET ADDRESS 1750 SOUTHSIDE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☐ Delete  
NAME MILLER, KATHLEEN J  
STREET ADDRESS 1750 SOUTHSIDE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE V ☒ Delete  
NAME MILLER, KATHLEEN J.  
STREET ADDRESS 1750 SOUTHSIDE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Change ☐ \*

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ \*

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 #