

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 07, 2000 8:00 am**
Secretary of State

02-07-2000 90076 003 ***150.00

DOCUMENT # F97000000607

1. Entity Name

FLAGLER FORD, INC.

Principal Place of Business

Mailing Address

**309 STATE STREET
BUNNELL FL 32110****P.O. BOX 1910
BUNNELL FL 32110-1910
US**

H0010630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Box 354587**Box 354587**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Coast, Florida**Palm Coast, Florida**

4. FEI Number

59-3423527

Applied For

Not Applicable

Zip

Country

Zip

Country

32135**Flagler****32135****Flagler**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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MONTGOMERY, ROBERT E	309 STATE STREET	BUNNELL FL	
VD	KILBRIDE, B L	300 RENAISSANCE CENTER	DETROIT MI	
ASD	KATARIA, B P	300 RENAISSANCE CENTER	DETROIT MI	
D	CREAMEAN, W A	300 RENAISSANCE CENTER	DETROIT MI	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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

1/31/00

Date

904-447-3380

Daytime Phone #