

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

H0010230



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Box 354587
 Suite, Apt. #, etc.

Box 354587
 Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

4. FEI Number

59-3423527

Applied For

Not Applicable

Zip

32135

Country

Flagler

Zip

32135

Country

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 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P MONTGOMERY, ROBERT E		NAME:	
STREET ADDRESS: 309 STATE STREET		STREET ADDRESS:	
CITY-ST-ZIP: BUNNELL FL		CITY-ST-ZIP:	
TITLE: VD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KILBRIDE, B L		NAME:	
STREET ADDRESS: 300 RENAISSANCE CENTER		STREET ADDRESS:	
CITY-ST-ZIP: DETROIT MI		CITY-ST-ZIP:	
TITLE: ASD	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: KATARIA, B P		NAME:	
STREET ADDRESS: 300 RENAISSANCE CENTER		STREET ADDRESS:	
CITY-ST-ZIP: DETROIT MI		CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> Delete	TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CREAMEAN, W A		NAME:	
STREET ADDRESS: 300 RENAISSANCE CENTER		STREET ADDRESS:	
CITY-ST-ZIP: DETROIT MI		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 empowers.

SIGNATURE:

Robert E. Montgomery
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/00
 Date

904-417-3380
 Daytime Phone #