

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000000607

1. Entity Name
FLAGLER FORD, INC.

FILED
Mar 15, 2001 8:00 am
Secretary of State

03-15-2001 90023 012 ***150.00

Principal Place of Business

BOX 354587
PALM COAST FL 32135

Mailing Address

BOX 354587
PALM COAST FL 32135
US

2. Principal Place of Business

1150 Palm Coast Parkway
Suite, Apt. #, etc.

3. Mailing Address

Box 354587
Suite, Apt. #, etc.

City & State

Palm Coast, FL

City & State

Palm Coast, FL

Zip

32137 Flagler

Zip

32135 Flagler

6. Name and Address of Current Registered Agent

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

4. FEI Number

59-3423527

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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)

3/12/01

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, 2001 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

TITLE **P** ☐ Delete
NAME **MONTGOMERY, ROBERT E**
STREET ADDRESS **309 STATE STREET**
CITY-ST-ZIP **BUNNELL FL**

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

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

TITLE **D** ☐ Delete
NAME **CREAMEAN, W A**
STREET ADDRESS **300 RENAISSANCE CENTER**
CITY-ST-ZIP **DETROIT MI**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1150 Palm Coast Parkway**
CITY-ST-ZIP **Palm Coast, FL 32137**

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

TITLE ☐ Change ☐ Addition
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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

3/12/01

Date

904-447-3380

Daytime Phone #

CR2E034 (10/00)