

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State

04-18-2002 90486 011 ***150.00

010179 AV

DOCUMENT # F97000006092

1. Entity Name
SATURN RETAIL OF FLORIDA, INC.

Principal Place of Business
SATURN OF ORLANDO SOUTH
8620 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809

Mailing Address
SATURN OF ORLANDO SOUTH
8620 S. ORANGE BLOSSOM TR.
ORLANDO FL 32809

B0070390



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1723009

Applied For
 Not Applicable

Zip

Country

Zip

Country

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	C LAJZIAK, JILL A 1420 STEPHENSON HWY. TROY MI 48007	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOPORZYCKI, EDWARD J 100 SATURN PKWY. SPRING HILL TN 37174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS CRANER, JAMES L 100 SATURN PKWY. SPRING HILL TN 37174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SNYDER, JIMMY 100 SATURN PKWY. SPRING HILL TN 37174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GRIFFIN, STEPHEN 100 SATURN PKWY. SPRING HILL TN 37174	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ZAIQ, JANEEN S 100 SATURN PKWY. SPRING HILL TN 37174	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *William O. Musgrave* **William O. Musgrave** **4/8/02** **704-554-4050**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Att.
Doc. #

B0070350

F97000006092

OFFICERS:

John Minarick
DOB: 3/27/63
Title: See Subsidiary
Driver's License: (TN) #77765808
41924 Waterwheel
Northville, MI 48167
Home Phone: 248-349-8290
Work Phone: 313-665-7058
SSN: 506-80-7054
GM Start Date: June 1986

Bruce J. Thompson
DOB: 4/7/66
Driver's License: (NC) #27910400
Title: VP of Real Estate
Address: 108 Emerald Lane
Mooresville, NC 28117
Home Phone: 704-660-6748
Work Phone: 704-554-4070
SSN: 381-88-3132
SRE Start Date: Sept. 1999

Daniel R. Mohnke
DOB: 4/3/67
Driver's License: (MI) #M-520-135-730-263
Title: Secretary/Treasurer
Address: 42109 Sutters Lane
Northville, MI 48167
Home Phone: 248-349-5247
Work Phone: 313-665-7060
SSN: 370-90-2472
GM Start Date: Aug. 1991

Steve Coleman
DOB: 6-2-49
Driver's License: (CA) #R0054054
Title: See subsidiary
Address: 20 Sawgrass
Coto de Caza, CA 92679
Home Phone: 949-459-8869
SSN: 458-78-4924

Richard H. Trost
DOB: 11/20/60
Driver's License: (TN) #85121596
Title: See subsidiary
Address: 717 Middlesex
Grosse Pointe Park, MI 48230
Home Phone: 313-823-8013
Work Phone: 313-665-7088
SSN: 043-46-0592
GM Start Date: June 1984

GH.
Doc. #

BW10390

F97000006092

Board of Directors/Managers:

Charles (Chuck) C. Thomson
Address: 3320 Burning Bush
Bloomfield Township, MI 48301
DOB: 12/01/60
Home Phone: (248) 540-4377
Driver's License: MI # T 525-115-119-917
SSN: 378-64-7889

William (Bill) A. Farmer
Address: 3700 Autumnwood Lane
Okemos, MI 48864
DOB: 10/18/53
Home Phone: (517) 347-0151
Driver's License: MI # F 656-887-071-802
SSN: 289-54-6357

John F. Minarick
Address: 41924 Waterwheel
Northville, MI 48167
DOB: 03/27/63
Home Phone: 248-349-8290
Driver's License: TN #77765808
SSN: 506-80-7054

William O. Musgrave
DOB: 10/01/48
Driver's License: (NC) #5195120
Title: See subsidiary
Address: P.O. Box 11677
Charlotte, NC 28220
Home Phone: 704-343-0426
Work Phone: 704-554-4050
SSN: 401-70-2409

Former Board Members

James L. Craner
Former Director
Driver's License #: (Tennessee License) # 85338064
SSN #: 377-64-1828
Address: 1000 Green Hills Cove
Brentwood, TN 37027
Home Phone: 615-370-1674

Ed Toporzycki
Driver's License #: TN # 89643147