

2000 UNIFORM BUSINESS REPORT (UBR)

0548359

DOCUMENT # F97000006847

1. Entity Name

SPIRIT RENT-A-CAR, INC.

FILED

00 MAY -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

29100 AURORA RD. SUITE 400
SOLON OH 44139-1855

29100 AURORA RD. SUITE 400
SOLON OH 44139-1855

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

34-1614162

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 reinstalling)

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

TITLE PD ☒ Delete
NAME HAMMER, EDWARD
STREET ADDRESS 29100 AURORA RD, SUITE 400
CITY-ST-ZIP SOLON OH 44139-1855

TITLE PD ☐ Change ☒ Addition
NAME TODD FAVER, PRESIDENT
STREET ADDRESS 29100 AURORA RD, SUITE #400
CITY-ST-ZIP SOLON, OHIO 44139-1855

TITLE AS ☐ Delete
NAME BYERS, ROBERT J
STREET ADDRESS 29100 AURORA RD, STE 400
CITY-ST-ZIP SOLON OH 44139-1855

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

TITLE ST ☐ Delete
NAME ZEMAN, JACK R
STREET ADDRESS 29100 AURORA RD, SUITE 400
CITY-ST-ZIP SOLON OH 44139-1855

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

TITLE V ☐ Delete
NAME WILLIAMS, JEFFREY C
STREET ADDRESS 29100 AURORA RD, SUITE 400
CITY-ST-ZIP SOLON OH 44139-1855

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 another like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT BYERS
ASSISTANT SECRETARY

Date

Daytime Phone #

4/25/00

440-715-1000

CR2E034 (9/93)