

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97143

1. Entity Name

BILL BRYAN SUBARU OF WINTER PARK, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90065 001 ***150.00

Principal Place of Business

1001 N. ORLANDO AVE.
WINTER PARK FL 32789

Mailing Address

1001 N. ORLANDO AVE.
WINTER PARK FL 32789-2209

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2218952

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRYAN, F. WILLIAM, II
1365 GROVE TERRACE DRIVE
WINTER PARK FL 32789

Name

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

1140 Mayfield

City

Winter Park

FL

Zip Code
32789

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 file 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

TITLE PDS ☐ Delete

NAME BRYAN, F WILLIAM
STREET ADDRESS 1140 MAYFIELD
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DT ☐ Delete

NAME BRYAN, JOHN NEWTON
STREET ADDRESS 1741 SUNNYSIDE DR
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☐ Delete

NAME BRYAN, MELISSA
STREET ADDRESS 407 WST 45TH ST
CITY-ST-ZIP AUSTIN TX

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/00

Date

407 6284343

Daytime Phone #

CR2E034 (9/99)