

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H33937

1. Entity Name

DELAND DODGE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90161 001 ***150.00

Principal Place of Business

Mailing Address

2322 SOUTH WOODLAND BOULEVARD
P O BOX 1900
DELAND FL 32721-1900
US

2322 SOUTH WOODLAND BOULEVARD
P O BOX 1900
DELAND FL 32721-1900
US

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 **59-2470492**

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

GARBIG, TERRY A.
2322 S WOODLAND BLVD
DELAND FL 32720

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, 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 **P** ☐ Delete
NAME **SULLIVAN, ART**
STREET ADDRESS **246 MONTEREY RD**
CITY-ST-ZIP **PALM BCH FL 33480**

TITLE **Director** ☐ Change ☒ Addition
NAME **Smith, Chris**
STREET ADDRESS **2025 SW 112 Street**
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **ST** ☐ Delete
NAME **BOSTIC, WANDA**
STREET ADDRESS **9515 SW 9 PLACE**
CITY-ST-ZIP **GAINESVILLE FL**

TITLE **Director** ☐ Change ☒ Addition
NAME **Fields, Melvin**
STREET ADDRESS **376 South port Lane, Hunters Run**
CITY-ST-ZIP **Boynton Beach FL 33436**

TITLE **V** ☐ Delete
NAME **GARBIG, TERRY A**
STREET ADDRESS **800 E HWY 318**
CITY-ST-ZIP **CITRA FL 32113**

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

TITLE **D** ☐ Delete
NAME **SULLIVAN, BARBARA**
STREET ADDRESS **2220 OSCEOLA WAY**
CITY-ST-ZIP **PALM BEACH FL**

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

TITLE **AAD** ☐ Delete
NAME **SULLIVAN, SEAN**
STREET ADDRESS **2350 BROADWAY #1038**
CITY-ST-ZIP **NEW YORK NY**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/00
Date

904-734-7800
Daytime Phone #