

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H68140 99-00**

1. Entity Name

**Ken Rummel Chevrolet Inc.**

Principal Place of Business

**2235 Okeechobee Blvd  
West Palm Beach FL 33409  
US**

Mailing Address

**2235 Okeechobee Blvd  
West Palm Beach FL 33409  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**Tanen, Jeffrey S. Esq**

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

**C/o Goldstein + Tanen P.A.**

**2 South Biscayne Blvd Suite 3250**

City

**Miami**

FL

Zip Code

**33131**

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

TITLE **President** ☒ Delete  
NAME **Rummel, Rummel**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Secretary/Treasurer** ☒ Delete  
NAME **Dean, Roger**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Asst Secretary/Treasurer** ☒ Delete  
NAME **Soute, Susan**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 **Director/President/Treasurer** ☐ Change ☒ Addition  
NAME **Dean, Patricia B.**  
STREET ADDRESS **2235 Okeechobee Boulevard**  
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE **Secretary/Director** ☐ Change ☒ Addition  
NAME **Sotten, Julie M.**  
STREET ADDRESS **2235 Okeechobee Boulevard**  
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE **Director, Vice President** ☐ Change ☒ Addition  
NAME **Collins, Harry**  
STREET ADDRESS **2235 Okeechobee Boulevard**  
CITY-ST-ZIP **West Palm Beach FL 33409**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003230233--0**  
**-05/01/00--01006--019**  
**\*\*\*\*750.00 \*\*\*\*750.00**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**300003230233--0**  
**-05/01/00--01006--020**  
**\*\*\*\*150.00 \*\*\*\*150.00**

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:

**PATRICIA B DEAN**

**2-24-2000**

**561-6838100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 APR 17 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** **99-00**

DO NOT WRITE IN THIS SPACE

Applied For **SP**  
Not Applicable

4. FEI Number **59-2565502**  
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

CR2E034 (9/99)