

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90312 025 \*\*\*150.00

**DOCUMENT # H69475**

1. Entity Name

**ORLANDO MITSUBISHI DEALERS ADVERTISING ASSOCIATI**

Principal Place of Business

Mailing Address

JANE E. MILES, CPA  
 2575 NW 27TH ST  
 BOCA RATON FL 33434  
 US

JANE E. MILES, CPA  
 2575 NW 27TH ST  
 BOCA RATON FL 33434  
 US

2. Principal Place of Business  
*Jane E miles CPA*

3. Mailing Address  
*Jane E. miles CPA*

Suite, Apt. #, etc.  
*465 Fiddlewood Rd*

Suite, Apt. #, etc.  
*465 Fiddlewood Rd*

City & State  
*Vero Bch FL*

City & State  
*Vero Bch FL*

Zip  
*32963*

Country  
*USA*

Zip  
*32963*

Country  
*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2664121**

Applied For  
 Not Applicable

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

**NISBETT, RICHARD**  
**510 N NOVA RD**  
**DAYTONA FL 32114**

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, 2001 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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLER, ROGER III</b>	
STREET ADDRESS	<b>1979 SEMORAN BLVD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32792</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>NISBETT, RICHARD</b>	
STREET ADDRESS	<b>510 N NOVA RD</b>	
CITY-ST-ZIP	<b>DAYTONA FL 32114</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

*1-29-2001 904-252-2100*

CR2E034 (10/00)