

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J09953

1. Entity Name

WEST PALM NISSAN, INC.

Principal Place of Business

561 S. MILITARY TRAIL
WEST PALM BEACH FL 33415
US

Mailing Address

551 S MILITARY TRAIL
WEST PALM BEACH FL 33416-4613

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2664692

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

THOMPSON, DOUGLAS E.
4524 GUN CLUB RD
101
WEST PALM BEACH FL 33415

Name
MELISSA VAN OSTRAND

Street Address (P.O. Box Number is Not Acceptable)
551 S. MILITARY TRAIL

City
WEST PALM BEACH

FL

Zip Code
33415

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

Melissa Van Ostrand

4/28/00

Signature of Registered Agent or Secretary

(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 NAME STREET ADDRESS CITY-ST-ZIP	PDS NELSON, ROBERT H 375 PARK AVE 22ND FL NEW YORK NY 10152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SMITH, PHILIP N JR 375 PARK AVE 22ND FL NEW YORK NY 10152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WINTERS, KARL H 375 PARK AVE 22ND FL NEW YORK NY 10152	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PROVENZO, NICHOLAS C 551 S. MILITARY TRAIL WEST PALM BEACH FL 33415	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JAMES R. DAVIDSON 915 COMMUNIPAW AVE JERSEY CITY, NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT H. KURNICK 13400 OUTER DRIVE, WEST DETROIT, MI 48239-4001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS J. HESSERT, JR. 585 ROUTE 440 JERSEY CITY, NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T JAMES R. DAVIDSON 915 COMMUNIPAW AVE JERSEY CITY, NJ 07304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/AS ROBERT H. KURNICK 13400 OUTER DRIVE, WEST DETROIT, MI 48239-4001	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP SAM X. DIFEO, JR. 375 PARK AVE., 11TH FLOOR NEW YORK, NY 10152	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Melissa Van Ostrand

ASST. SECRETARY

4/28/00

561-685-7100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MELISSA VAN OSTRAND

Date

Daytime Phone #

CR2E034 (9/99)