

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # K37844**

1. Entity Name

**FLORIDA DEALERS FINANCIAL CORPORATION****FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90062 017 \*\*\*150.00

**C0027234**

DO NOT WRITE IN THIS SPACE

Principal Place of Business 1084 HAVENDALE BLVD P O DRAWER 431-0431 WINTER HAVEN FL 33880-6301	Mailing Address 1084 HAVENDALE BLVD P O DRAWER 431-0431 WINTER HAVEN FL 33880-6301
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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	59-2918972	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GRAY, JOHN H 1084 HAVENDALE BLVD. WINTER HAVEN FL 33881

7. Name and Address of New Registered Agent	
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	DATE
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	CP <input type="checkbox"/> Delete
NAME	THOMAS, J. ED
STREET ADDRESS	290 GREENFIELD RD
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VP <input type="checkbox"/> Delete
NAME	SULLIVAN, PATRICK D. MD
STREET ADDRESS	19 LAKE ELOISE LANE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VP <input type="checkbox"/> Delete
NAME	MCCOLLOUGH, J. O. MD
STREET ADDRESS	153 LAKE OTIS RD SE
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	ST <input type="checkbox"/> Delete
NAME	GRAY, JOHN H.
STREET ADDRESS	902 LAKE OTIS DR W
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	CEO <input type="checkbox"/> Delete
NAME	SABEL, ROBERT H.
STREET ADDRESS	RT 1 BOX 109A
CITY-ST-ZIP	AFTON VA
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
STREET ADDRESS	
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 or other like empowered.	
SIGNATURE:	2-23-01 863-299-6899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date Daytime Phone #	

CR2034 (10/00)