

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L11755

1. Entity Name

AUTOHAUS KOLAR, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90113 035 \*\*\*150.00

Principal Place of Business

2440 S. OSPREY AVENUE  
SARASOTA FL 34239

Mailing Address

2440 S. OSPREY AVENUE  
SARASOTA FL 34221-9430

2. Principal Place of Business

4300 N. U.S. 41

3. Mailing Address

4300 N U.S. 41

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALMETTO, FLA.

City & State

PALMETTO, FLA.

4. FEI Number

65-0147786

Applied For

Not Applicable

Zip

34221

Country

U.S.A

Zip

34221

Country

U.S.A

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

KOLAR, IGOR J  
1654 ARLINGTON STREET  
SARASOTA FL 34239

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

TITLE P ☐ Delete  
NAME KOLAR, IGOR J  
STREET ADDRESS 1654 ARLINGTON STREET  
CITY-ST-ZIP SARASOTA FL 34239

TITLE S ☐ Delete  
NAME HERRERA, BEATRIZ  
STREET ADDRESS 1654 ARLINGTON STREET  
CITY-ST-ZIP SARASOTA FL 34239

TITLE T ☐ Delete  
NAME KOLAR, DOUGLAS J  
STREET ADDRESS 2304 FLOYD STREET  
CITY-ST-ZIP SARASOTA FL 34239

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Igor J. Kolar*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN 20 2000 941-721-1818