

2001 UNIFORM BUSINESS REPORT (UBR)

0002898 AF

DOCUMENT # M99000000921

1. Entity Name
ASBURY AUTOMOTIVE CENTRAL FLORIDA, L.L.C.

FILED

01 JAN 29 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4306 PABLO OAKS COURT
JACKSONVILLE FL 32245

Mailing Address
4306 PABLO OAKS COURT
JACKSONVILLE FL 32245

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3580818

Applied For
Not Applicable

Zip 32224

Country

Zip 32224

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOMM, CHARLIE (C.B.) 4306 PABLO OAKS COURT JACKSONVILLE FL 32245	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COGGIN, LUTHER 4306 PABLO OAKS COURT JACKSONVILLE FL 32245	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, THOMAS R 4306 PABLO OAKS COURT JACKSONVILLE FL 32245	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARLING, ALAN C 4306 PABLO OAKS COURT JACKSONVILLE FL 32245	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STARLING, BRUCE 4306 PABLO OAKS COURT JACKSONVILLE FL 32245	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003656983--5 -02/08/01--01010--024 *****50.00 *****50.00	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32224	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	32224	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Linda L Marlette 4306 Pablo Oaks Ct Jacksonville FL 32224	☐ Change ☒ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Linda L Marlette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-23-01 904-992-4110
Date Daytime Phone #

CR2E083 (11/00)