

2000 UNIFORM BUSINESS REPORT (UBR)

2

DOCUMENT # N00652

1. Entity Name

DAYTONA BEACH NEW CAR DEALERS ASSOCIATION, INC.

FILED
Sep 12, 2000 8:00 am
Secretary of State

02-14-2000 90188 034 ****61.25

Principal Place of Business

833 W. INT'L SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Mailing Address

PO BOX 826
DAYTONA BCH FL 32115-0826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59366672 (APPLIED FOR)

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEOMANS, GARY
740 W. INT'L SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-8-00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YEOMANS, GARY
740 W. INT'L SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMBACH, LARRY SR
966 INT'L SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENNINGTON, FREDA
833 INT'L SPEEDWAY BLVD.
DAYTONA BCH. FL 32114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Bobby Thigpen
354 North Beach Street
Daytona Beach, FL 32114

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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
☐ 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
☐ Change ☐ Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE OF SIGNING OFFICER OR DIRECTOR

2-8-00 (904) 253-6771

Date

Daytime Phone #

CR2E037 (9/99)