

**2000 UNIFORM BUSINESS REPORT (UBR)**

2

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

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

**DOCUMENT # N00652**  
 1. Entity Name  
**DAYTONA BEACH NEW CAR DEALERS ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
**833 W. INT'L SPEEDWAY BLVD.**      **PO BOX 826**  
**DAYTONA BEACH FL 32114**      **DAYTONA BCH FL 32115-0826**

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 **59366672** (APPLIED FOR)      Applied For  / Not Applicable   
 5. Certificate of Status Desired  \$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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]*      DATE **2-8-00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	D	Delete <input checked="" type="checkbox"/>
NAME	YEOMANS, GARY	
STREET ADDRESS	740 W. INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	RAMBACH, LARRY SR	
STREET ADDRESS	968 INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	Delete <input type="checkbox"/>
NAME	PENNINGTON, FREDA	
STREET ADDRESS	833 INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE	D	Delete <input type="checkbox"/>
NAME	<i>Bobby Thigpen</i>	
STREET ADDRESS	<i>354 North Beach Street</i>	
CITY-ST-ZIP	<i>Daytona Beach, FL 32114</i>	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]*      SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Antony Yeomans**      Date **2-8-00**      Daytime Phone # **(904) 253-6771**

CR2E037 (9/99)