

2001 UNIFORM BUSINESS REPORT (UBR)

1/16/01-5

FILED

Feb 08, 2001 8:00 am
Secretary of State

01-16-2001 90046 015 ****61.25

DOCUMENT # N00652

1. Entity Name

DAYTONA BEACH NEW CAR DEALERS ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

PO BOX 826
DAYTONA BCH FL 32115

2. Principal Place of Business

354 N. Beach St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Daytona Beach, FL

Zip

32114

Country

USA

City & State

Zip

Country

4. FEI Number

59-3666721

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: **Bobby Thigpen**
Street Address (P.O. Box Number is Not Acceptable)
354 N. Beach Street

City **Daytona Beach** FL Zip Code **32114**

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

1-5-00

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	D	<input checked="" type="checkbox"/> Delete
NAME	YEOMANS, GARY	
STREET ADDRESS	740 W. INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	THIGPEN, BOBBY	
STREET ADDRESS	354 NORTH BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	
TITLE	D	<input type="checkbox"/> Delete
NAME	PENNINGTON, FRED A	
STREET ADDRESS	833 INT'L SPEEDWAY BLVD.	
CITY-ST-ZIP	DAYTONA BCH. FL 32114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bud Ritchey	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	
STREET ADDRESS	300 N. Beach Street	
CITY-ST-ZIP	Daytona Beach, FL 32114	
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		

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-00

904-252-3755

Date

Daytime Phone #

CR2E037 (10/00)