2002 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # N05883** Apr 30, 2002 8:00 am Secretary of State 1. Entity Name THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOC 04-30-2002 90165 026 ****61.25 Principal Place of Business Mailing Address 4162 EDGEWATER DRIVE 4162 EAGEWATER DR. ORLANDO FL 32804-2296 ORLANDO FL 32804 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0801406 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PETERS, LARRY Street Address (P.O. Box Number is Not Acceptable) LARA, PEGGY 4162 EDGEWATER DR ORLANDO FL 32804 4162 Edgewater Drive City Orlando 32804 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. LARRY PETERS, Executive VP SIGNATURE 4/19/02 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Ģ Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE & ☐ Delete TITLE (10/6) XXAddition NAME MARBAIS, STEVE Baker, George NAME STREET ADDRESS 2627 Harbor Circle 1207 N. LAKEWOOD AVE STREET ADDRESS CITY-ST-7IP OCOEE FL 34761 CITY-ST-ZIP Clearwater, FL TITLE MD **XX**Delete TITLE MD ☐ Change **XX**Addition NAME PEGGY LARA NAME Peters, Larry STREET ADDRESS 4162 EDGEWATER DR 4162 Edgewater Drive STREET ADDRESS CITY-ST-ZIP ORLANDO FL... CITY-ST-ZIP Orlando, FL 32804 ☐ Delete TITLE **KX**Change Addition NAME SCOTT, DON NAME Marbais, Steve STREET ADDRESS **5901 S. PINE AVE** STREET ADDRESS 1207 N. Lakewood Avenue CITY-ST-ZIP OCALA FL 34480-7512 CITY-ST-7IP Ocoee, FL TITLE Delete TITLE ☐ Change **XX**Addition NAME MARBAIS. STEVE NAME Noegel, Larry STREET ADDRESS 1207 N LAKEWOOD AVE 1018 N. Temple Avenue STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP <u>OCOEE FL 34761</u> Starke, FL 32091-2113 TITLE XX Delete TITLE ☐ Change ☐ Addition NAME Winterick, Jim NAME STREET ADDRESS 3033 NW 26TH ST STREET ADDRESS City-St-Zip MIAMI FL 33142 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

· VP 4/19/02

407/291-8447

Daytime Phone #

Addition