

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90074 037 ****61.25

DOCUMENT # N09307

1. Entity Name

FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, I

Principal Place of Business

Mailing Address

**316 SECRET HOLLOW WAY
JACKSONVILLE FL 32259
US**

**316 SECRET HOLLOW WAY
JACKSONVILLE FL 32259-7918
US**

2. Principal Place of Business

12815 HUNTLEY MANOR

3. Mailing Address

7966 GREEN GLADE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2895725

Applied For

Not Applicable

Zip

Country

Zip

Country

32224

USA

32256

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**PROCTOR, R
316 MORO ST
JACKSONVILLE FL 32256**

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 \$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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	HERRER, TOM	
STREET ADDRESS	12815 HUNTLEY MANOR DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SHIRLEY, ALLAN	
STREET ADDRESS	12901 HUNT CLUB RD N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	MANDT, HANS	
STREET ADDRESS	316 SECRET HOLLOW WAY	
CITY-ST-ZIP	JACKSONVILLE FL 32256	
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		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERREN, TOM	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAWHORN, DOUG	
STREET ADDRESS	116 CYPRESS LANDING	
CITY-ST-ZIP	JACKSONVILLE, FL 32223	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILL, ROD	
STREET ADDRESS	7966 GREEN GLADE RD	
CITY-ST-ZIP	JACKSONVILLE, FL 32256	
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 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:

ROD HILL, RETIRED

4/18/00