

2001 UNIFORM BUSINESS REPORT (UBR)

5/ **FILED**
Jul 18, 2001 8:00 am
Secretary of State

05-29-2001 90002 042 ****61.25

DOCUMENT # N09307

1. Entity Name

FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, I

Principal Place of Business

12815 HUNTLEY MANOR
 JACKSONVILLE FL 32224
 US

Mailing Address

7966 GREEN GLADE
 JACKSONVILLE FL 32256
 US

2. Principal Place of Business

14430 POND DR

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 8331

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2895725

Applied For

Not Applicable

Zip

32223

Country

DUVAL

Zip

32239

Country

DUVAL

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **KENNETH N FLOTT**

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

10075 CHESTERTON RD

City **JACKSONVILLE**

FL

Zip Code **32246**

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] **KENNETH N FLOTT**

3-28-01

Agencies: typed or printed name of registered agent and title if applicable. (NOT 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

TITLE **PD** Delete
 NAME **HERREN, TOM**
 STREET ADDRESS **12815 HUNTLEY MANOR DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32224**

TITLE **VD** Delete
 NAME **LAWHORN, DOUG**
 STREET ADDRESS **116 CYPRESS LANDING**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **T** Delete
 NAME **HILL, ROD**
 STREET ADDRESS **7966 GREEN GLADE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT** Change Addition
 NAME **DOUG LAWHORN - D**
 STREET ADDRESS **14430 POND DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **VICE PRESIDENT** Change Addition
 NAME **BOB BARREN - D**
 STREET ADDRESS **1691 RIVERGATE TRAIL**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE **TREASURER** Change Addition
 NAME **KENNETH FLOTT - D**
 STREET ADDRESS **10075 CHESTERTON RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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] **KENNETH N FLOTT** **4-15-01** **904-828-6008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)