

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90144 004 ****61.25

DOCUMENT # N09307



1. Entity Name
FLORIDA CROWN REGION, PORSCHE CLUB OF AMERICA, I NC.

Principal Place of Business Mailing Address
PO BOX 54503 PO BOX 54503
JACKSONVILLE FL 32245 JACKSONVILLE FL 32245
US US

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 **59-2895725**

Applied For
Not Applicable

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

PROCTOR, R
318 MORO ST
JACKSONVILLE FL 32256

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	LAWHORN, DOUG	14430 POND DRIVE	JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>	PD	STEVE PALMER	1339 INGLESIDE AVE	JACKSONVILLE FL 32205	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VPD	BARREN, BOB	1691 RIVER GATE TRAIL	JACKSONVILLE FL 32223	<input checked="" type="checkbox"/>	VPD	THOM PORTZ	10721 GRAYSON ST	JACKSONVILLE FL 32220	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	FLOTT, KENNETH	10075 CHESTERTON ROAD	JACKSONVILLE FL 32223	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]* **REQU KENNETH N FLOTT** 3-1-2003 904-724-7543

CR2E037 (10/02)