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2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State
02-01-2001 90066 005 ****61.25

DOCUMENT # N11485

1. Entity Name

CLASSIC CORVETTES OF ORLANDO, INC.

Principal Place of Business	Mailing Address
5231 RAZOR BACK CT. ORLANDO FL 32819	5231 RAZOR BACK CT. ORLANDO FL 32819

30952

DO NOT WRITE IN THIS SPACE

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 59-2444503 ☐ 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
GOSSELIN, RONALD J 5231 RAZOR BACK CT. ORLANDO FL 32819	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.

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GOSSELIN, RONALD 5231 RAZOR BACK CT. ORLANDO FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FERGUSON, BRENT 3440 MARSTON DR. ORLANDO FL 32813	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~PRESIDENT~~ / D MICHAEL COLETTA 16727 ROYAL PALM DR GROVELAND FL 34736	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMPSON, WAYNE 1405 PINE STREET MELBOURNE BEACH FL 32951	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VICE PRESIDENT~~ / D DEWEY HENDRICKS 1949 SNOOK DR. DELTONA FL 32738	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDRICKS, DONNA 1949 SNOOK DR. DELTONA FL 32738	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUF, MARYBETH 14013 COUNTY ESTATES DR WINTER GARDEN FL 34787	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~OFFICER AT LARGE~~ / D MARY ELLEN GOSSELIN 5231 RAZORBACK CT. ORLANDO FL 32819	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/00)

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 DECLARED Treasurer 1/28/01 407-291-2492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #