

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25411

1. Entity Name

MID-FLORIDA TOYOTA DEALERS ASSOCIATION, INC.

Principal Place of Business

C/O SOMMERS EVERHART & KOHLER  
380 COLUMBIA DR #111  
WEST PALM BEACH FL 33409  
US

Mailing Address

C/O SOMMERS EVERHART & KOHLER  
380 COLUMBIA DR #111  
WEST PALM BEACH FL 33409-1977  
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

59-2883345

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

CLARK, SCOTT  
2925 N HWY 17-92  
LONGWOOD FL 32752

Name

Roger Carter

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

2535 North Orange Blossom Trail

City

Kissimmee

FL

Zip Code  
34744

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  
VD  
KAZERY, GEORGE  
2535 N ORANGE BLOSSOM TRL  
KISSIMMEE FL 34744 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
CLARK, SCOTT  
2925 N HWY 17-92  
LONGWOOD FL 32752 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD  
KENNEDY, BILL  
1545 MERRITT ISLAND CSWY  
MERRITT ISLAND FL 32952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
Roger Carter  
2535 N. Orange Blossom Trail  
Kissimmee, FL 34744 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
Joe Siviglia  
3800 W. Colonial Drive  
Orlando, FL 32808 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90342 021 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)