

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28239

1. Entity Name

FORD-LINCOLN-MERCURY CLUB OF FLORIDA, INC. ✓

Principal Place of Business

C/O JOSEPH WINKELMANN
P O BOX 13514
TAMPA FL 33681

Mailing Address

C/O JOSEPH WINKELMANN
P O BOX 13514
TAMPA FL 33681

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

59-2929122

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

WINKELMAN, JOSEPH
3141 W EUCLID AVE
TAMPA FL 33629

Name

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

City

FL

Zip Code

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, 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
After September 13, 2000 min. will be \$236.25

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
NAME WINKELMANN, JOSEPH
STREET ADDRESS 3141 W EUCLID AVENUE
CITY-ST-ZIP TAMPA FL

TITLE PP
NAME DAVID NIECELY
STREET ADDRESS 3120 W. COACHMAN AVE
CITY-ST-ZIP TAMPA, FL 33611

TITLE TD
NAME BJORKLOF, KAI
STREET ADDRESS 7038 SANDY LN
CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME SPEARS, JAMES
STREET ADDRESS 8350 59TH WAY H
CITY-ST-ZIP PINELLAS PARK FL 34665

TITLE VD
NAME ANTHONY MACDONALD
STREET ADDRESS 5813 S. GORDON AVE.
CITY-ST-ZIP TAMPA, FL 33611

TITLE
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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/2000 (813) 907-1901

CR2E037 (5/00)



DO NOT WRITE IN THIS SPACE

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