

# 2002 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 130131~~ Box 130131  
TAMPA FL 33681

Mailing Address

C/O JOSEPH WINKELMANN

P O BOX ~~130131~~ 130131  
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

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 PD  
NAME NICELY, DAVID ☐ Delete  
STREET ADDRESS 3128 COACHMAN AVE  
CITY-ST-ZIP TAMPA FL 33611

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

TITLE TD  
NAME MACDONALD, TONY ☐ Delete  
STREET ADDRESS 5813 S GORDON AVE  
CITY-ST-ZIP TAMPA FL 33611

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

TITLE TD  
NAME WINKELMAN, JOSEPH ☐ Delete  
STREET ADDRESS 3141 W EUCLID AVE  
CITY-ST-ZIP TAMPA FL 33681

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*David Nicely*  
DAVID NICELY

01-31-02

813-837-1177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)

FILED  
Feb 20, 2002 8:00 am  
Secretary of State

02-20-2002 90046 011 \*\*\*\*65.00



DO NOT WRITE IN THIS SPACE