

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

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90088 002 \*\*\*\*\*61.25

**DOCUMENT # N28239**

1. Entity Name

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



Principal Place of Business

C/O JOSEPH WINKELMANN  
P O BOX 130131  
TAMPA FL 33681

Mailing Address

C/O JOSEPH WINKELMANN  
P O BOX 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Joseph Winkelman*

**8/31/03**

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 10, 2003, min will be \$236.25**

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	PD	<input checked="" type="checkbox"/> Delete
NAME	NICELY, DAVID	
STREET ADDRESS	3128 COACHMAN AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MACDONALD, TONY	
STREET ADDRESS	5813 S GORDON AVE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	WINKELMAN, JOSEPH	
STREET ADDRESS	3141 W EUCLID AVE	
CITY-ST-ZIP	TAMPA FL 33681	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINKELMAN, JOSEPH	
STREET ADDRESS	3141 W EUCLID AVE	
CITY-ST-ZIP	TAMPA, FL 33681	
TITLE	JD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIO APPLE	
STREET ADDRESS	1303 83RD AVE N.	
CITY-ST-ZIP	ST. PETERSBURGH, FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY BJORKLOF	
STREET ADDRESS	7038 SANDY LANE	
CITY-ST-ZIP	WESLEY CHAPEL 33544 FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph Winkelman* **SIGNATURE REQUIRED**

**8/31/03** **843-7677**

CR2E037 (4/03)