2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N34599

1. Entity Name

ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.

08-15-2000 90011 009 ****61.25
FILED N34599
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 AM 9:54

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2824 SALISBURY BLVD WINTER PARK FL 32789 US	2824 SALISBURY BLVD WINTER PARK FL 32789-3331 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 59-3004628 ☐ 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
KEIFFER, ROBERT W. 319 N FERN CREEK AVE ORLANDO FL 32803	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] 4-16-00
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	S MCLAUGHLIN ELLEN 401 N NIBLICK LN, BOX 103 LAKE MARY FL 67	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BERNSTEIN, HOWARD 225 SHADOW BAY BLVD LONGWOOD FL 32779	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. DIANE Henderson 1751 CHINOOK Tr. Maitland, FL. 32751	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KIEFFER, ROBERT 3008 EAST ROBINSON ST. ORLANDO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, ROBERT 679 SILVERCREEK DR WINTER SPRINGS FL 42	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Morgan, Eric 806 E Anderson St. Orlando, FL. 32801-4024	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HENDERSON, JOHN 1741 MOHWAK TRAIL MAITLAND FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Pres. 1751 CHINOOK Trail Maitland FL. 32751	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PRIEP, SHARON 2824 SALISBURY BLVD WINTER PARK FL 32789	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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 3/5/00 407-415-8714
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #