

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2001 8:00 am**  
**Secretary of State**

07-24-2001 90008 027 \*\*\*\*61.25

**DOCUMENT # N34599**

1. Entity Name

**ALFA ROMEO CLUB OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**2824 SALISBURY BLVD  
 WINTER PARK FL 32789  
 US**

Mailing Address

**2824 SALISBURY BLVD  
 WINTER PARK FL 32789  
 US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

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

**KEIFER, ROBERT W  
 319 N FERN CREEK AVE  
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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

TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>MCLAUGHLIN, ELLEN</b>	
STREET ADDRESS	<b>401 N NIBLUCK LN, BOX 103</b>	
CITY-ST-ZIP	<b>LAKE MARY FL 67</b>	
TITLE	<b>SP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HENDERSON, DIANE</b>	
STREET ADDRESS	<b>1751 CHINOOK TR</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KIEFER, ROBERT</b>	
STREET ADDRESS	<b>3008 EAST ROBINSON ST.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MORGAN, ERIC</b>	
STREET ADDRESS	<b>806 E ANDERSON ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801-4024</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>HENDERSON, JOHN</b>	
STREET ADDRESS	<b>1751 CHINOOK TRAIL</b>	
CITY-ST-ZIP	<b>MAITLAND FL 32751</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>PRIEP, SHARON</b>	
STREET ADDRESS	<b>2824 SALISBURY BLVD</b>	
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bob Wetzel</b>	
STREET ADDRESS	<b>310 South Sunset Dr</b>	
CITY-ST-ZIP	<b>Casselberry FL 32707</b>	
TITLE	<b>D.S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Gregg Woodruff</b>	
STREET ADDRESS	<b>1109 Bransford Ct</b>	
CITY-ST-ZIP	<b>Apopka, FL 32712-5213</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

407-628-5225

CR2E037 (10/00)

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