

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42944

1. Entity Name

NORTH FLORIDA MOPAR ASSOCIATION, INC.

**FILED**  
**Apr 25, 2000 8:00 am**  
**Secretary of State**

04-25-2000 90009 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

7461 SKIPPER LANE  
TALLAHASSEE FL 32311  
US

7461 SKIPPER LANE  
TALLAHASSEE FL 32311-4655  
US

2. Principal Place of Business

1237 MARCH RD  
Suite, Apt. #, etc.

3. Mailing Address

1237 MARCH RD  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALLAHASSEE FL  
Zip 32311 Country LEON

City & State

TALLAHASSEE FL  
Zip 32311 Country LEON

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRENCH, CURTIS  
7461 SKIPPER LANE  
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent

Name

Cunningham, Gilbert  
Street Address (P.O. Box Number is Not Acceptable)  
1237 MARCH RD

City

TALLAHASSEE

FL

Zip Code 32311

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

*Gilbert A. Cunningham*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-18-00

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	PD	<input checked="" type="checkbox"/> Delete
NAME	FRENCH, CURTIS	
STREET ADDRESS	7461 SKIPPER LANE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	POLLOCK, STEVE	
STREET ADDRESS	3040 CARLOW CIR	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ROBINSON, JIM	
STREET ADDRESS	909 TAMARAC DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNERR, RICK	
STREET ADDRESS	2625 FARRINGTON CT	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cunningham, Gilbert	
STREET ADDRESS	1237 March Rd.	
CITY-ST-ZIP	Tallahassee FL 32311	
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:

*James J. Robinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James J. Robinson 4/17/00 850-921-9572

CR2E037 (9/99)