

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42944

Entity Name

NORTH FLORIDA MOPAR ASSOCIATION, INC.

FILED

Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90079 031 ****61.25

Principal Place of Business

Mailing Address

00 TROUT TRAIL
TALLAHASSEE FL 32311

5300 TROUT TRAIL
TALLAHASSEE FL 32311
US

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

CUNNINGHAM, GILBERT
5300 TROUT TRAIL
TALLAHASSEE FL 32311

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE
NAME
CUNNINGHAM, GILBERT
STREET ADDRESS
5300 TROUT TRAIL
CITY-ST-ZIP
TALLAHASSEE FL 32311 ☐ Delete

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

FILE
NAME
VPD
POLLOCK, STEVE
STREET ADDRESS
3040 CARLOW CIR
CITY-ST-ZIP
TALLAHASSEE FL 32308 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
FRENCH, CURTIS
7461 SKIPPER LANE
TALLAHASSEE, FL 32311 ☐ Change ☒ Addition

FILE
NAME
TD
ROBINSON, JIM
STREET ADDRESS
908 TAMARAC DRIVE
CITY-ST-ZIP
TALLAHASSEE FL 32303 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DUMOND, PEGGY
2027 FAULK DR.
TALLAHASSEE, FL 32303 ☐ Change ☒ Addition

FILE
NAME
SD
KNERR, RICK
STREET ADDRESS
5658 LUMKE LANE
CITY-ST-ZIP
TALLAHASSEE FL 32303 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
KNERR, RICK
1006 VIREOS CT.
TALLAHASSEE, FL 32312 ☒ Change ☐ Addition

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

FILE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: GILBERT CUNNINGHAM 2/7/02 850-878-5845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)