

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #: N43923

1. Entity Name

PALM BEACH INDEPENDENT AUTO DEALERS ASSOCIATION,

Principal Place of Business

1027 FLORIDA MANGO RD
SUITE 7
WEST PALM BEACH FL 33409
US

Mailing Address

P.O. BOX 16595
WEST PALM BEACH FL 33416
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

65-0255156

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

LAMB, EDWIN E
1656 LINDA LOV DR
WEST PALM BEACH FL 33415

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
After September 12, 2001, min. will be \$236.25

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
DV
CASABLANCA, SEBASTIAN
615-6 WHITNEY AVE
LANTANA FL 33482

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
SIEW, BAL
20 S. FEDERAL HWY
LAKE WORTH FL 33480

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
OVERTON, BOB
14470 HORSESHOE TRACE
WEST PALM BEACH FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
LAMB, EDWIN
150 N MILITARY TRAIL
WEST PALM BEACH FL

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STREET ADDRESS
CITY-ST-ZIP

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400004614134
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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 employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-01

Date

Daytime Phone #

561-602-4293

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 SEP 25 AM 9:17

77757



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)