

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 26, 2000 08:00 AM**  
**Secretary of State****DOCUMENT # N50218**

1. Entity Name

THE VETTE SET CORVETTE CLUB, INC.

Principal Place of Business

Mailing Address

P O BOX 4158

PO BOX 4158

GAINESVILLE

FL

GAINESVILLE

FL

32608

US

32608

US

2. Principal Place of Business

P O BOX 4158

3. Mailing Address

PO BOX 4158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

GAINESVILLE

FL

City &amp; State

GAINESVILLE

FL

Zip

326134158

Country

US

Zip

326134158

Country

US

4. FEI Number

59-3137362

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PAUL RODNEY C  
5419 CR 352KEYSTONE HEIGHTS  
32656

FL

## 7. Name and Address of New Registered Agent

Name

PAUL RODNEY C

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

7986 COUNTY LINE ROAD

City

MELROSE

FL

Zip Code  
32666

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.)

01/26/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TD	BASS CANSEL	3734 SW 56 RD	GAINESVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	STILWELL CHARLOTTE	19185 NW 88TH AVE.	REDDICK FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
SD	PAUL VIOLA	5419 CR 352	KEYSTONE HEIGHTS FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BEAN CAROL	6401 NW 56 LN	GAINESVILLE FL	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
V/TD	DANIEL HOLTON L	14617 SW 79TH STREET	ARCHER FL 32618		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
S/D	PAUL VIOLA	7986 COUNTY LINE ROAD	MELROSE FL 32666		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
P/D	BEAN VERN	17931 SE COUNTY ROAD 234	MICANOPY FL 32667		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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.