

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002261

1. Entity Name

CARS & RODS, INC.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90004 037 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
CARS & RODS CLUBHOUSE CARS & RODS, INC.
FOE 2926 WILKINSON RD P O BOX 10335
SARASOTA FL 34231 SARASOTA FL 34278-0335
US 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 65-0460116 Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KINNEY, BARBARA
5089 INDIAN MOUND STREET
SARASOTA FL 34232

7. Name and Address of New Registered Agent
Name ~~CARL SCHMACHTENBERGER~~ Cherry Meeks
Street Address (P.O. Box Number is Not Acceptable)
~~72~~ 7861 Leewynn Drive S
City SARASOTA FL Zip Code 34240

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 *Catherine E. Meeks* 01/09/00
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		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLARD, JOHN		NAME		
STREET ADDRESS	P.O. BOX 41		STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KINNEY, CARL		NAME	CARL SCHMACHTENBERGER	
STREET ADDRESS	5089 INDIAN MOUND ST		STREET ADDRESS	72 STANFORD ROAD	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	VENICE FL 34293	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KINNEY, BARBARA		NAME	Cherry Meeks	
STREET ADDRESS	5089 INDIAN MOUND		STREET ADDRESS	7861 Leewynn Drive S	
CITY-ST-ZIP	SARASOTA FL 34232		CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, KATHY		NAME		
STREET ADDRESS	2304 GOYA DR		STREET ADDRESS		
CITY-ST-ZIP	NOKOMIS FL 34273		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Catherine E. Meeks* 01/09/00 941-371-4700
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)