

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 31, 2000 8:00 am  
Secretary of State

01-31-2000 90020 024 \*\*\*\*61.25

DOCUMENT # N94000005004

1. Entity Name

GOLDEN OLDIES CAR CLUB, INC.

Principal Place of Business

11352-117TH AVENUE NORTH  
LARGO FL 33778

Mailing Address

11352-117TH AVENUE NORTH  
LARGO FL 33778-3001

2. Principal Place of Business

13951 94th Avenue N.  
Suite, Apt. #, etc.

3. Mailing Address

13951 94th Avenue N.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Seminole, FL

City & State

Seminole, FL

4. FEI Number

59-3272028

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ATTENHOFER, EDITH  
2132 DODGE STREET  
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name

Colleen Theriault

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

13951 94th Ave. N.

City

Seminole

FL

Zip Code

33776

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

Colleen Theriault SO (Colleen Theriault)

01-16-00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, SAMUEL B. 11352 N 117 AVE LARGO FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ATTENHOFER, PAUL 2132 DODGE STREET CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCCALL, DANIEL 10849 63RD WAY PINELLAS PARK FL 33782	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ATTENHOFER, EDITH 2132 DODGE STREET CLEARWATER FL 33760	<input checked="" type="checkbox"/> Delete
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	PD Theriault, Robert 13951 94th Ave. N. Seminole, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD St. George, Charlene 3735 30th Ave. N. St. Petersburg, FL 33713	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Gajewski, Susan M. 6683 35th Terrace N. St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Theriault, Colleen 13951 94th Ave. N. Seminole, FL 33776	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Add

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: Colleen Theriault SO Colleen Theriault 01/15/00 (727) 432-6777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #