

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90169 035 ****61.25

DOCUMENT # N94000005178

1. Entity Name

AUTOMOTIVE INDUSTRY EDUCATIONAL TRUST, INC.

Principal Place of Business

**1515 WELLS ROAD
 ORANGE PARK FL 32073
 US**

Mailing Address

**1515 WELLS ROAD
 ORANGE PARK FL 32073
 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 **59-7031715**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**GRIFFIN, BARRY W
 1515 WELLS RD
 ORANGE PRK FL 32073**

7. Name and Address of New Registered Agent

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**

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	D	<input type="checkbox"/> Delete
NAME	PERRY, TOM	
STREET ADDRESS	4660 SOUTHSIDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32245	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRIFFIN, BARRY W	
STREET ADDRESS	1515 WELLS RD	
CITY-ST-ZIP	ORANGE PRK FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	KURZ, LARRY	
STREET ADDRESS	11982 NEW KINGS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32219	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, IRA	
STREET ADDRESS	7238 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, FRANK	
STREET ADDRESS	10600 ATLANTIC BLVD	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLECHEK, JOHN	
STREET ADDRESS	1701 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL 32207	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barry W Griffin **Treasurer**

Date

Daytime Phone #

4/17/01 (904) 269-1033

CR2E037 (10/00)