

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006234

1. Entity Name

FOSTER/SEMINOLE SUBARU HOLDING POND INC.

**FILED**  
**Apr 04, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90039 037 \*\*\*\*61.25

Principal Place of Business

Mailing Address

3351  
3204 W. TENNESSEE STREET  
TALLAHASSEE FL 32304

3351 W TENNESSEE ST  
TALLAHASSEE FL 32304-1003  
US

2. Principal Place of Business

3351 W. Tennessee

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Tall. Fl.

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip  
32304

Country

LEON

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FOSTER, JEFFREY E  
3204 W. TENNESSEE STREET  
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name Jeffrey E. Foster

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

3351 W Tennessee St

City

Tall.

FL

Zip Code

32304

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 ☐ Delete  
NAME FOSTER, JEFFREY E.  
STREET ADDRESS 3204 W TENNESSEE ST  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME COURTIER, RAY O.  
STREET ADDRESS 3122 W. TENNESSEE ST.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE D ☐ Delete  
NAME FOSTER, REBECCA  
STREET ADDRESS 3204 W. TENNESSEE ST.  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: *Katharine R. K... R...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-00

Date

575-1884

Daytime Phone #

CR2E037 (9/99)