

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000006234

1. Entity Name

FOSTER/SEMINOLE SUBARU HOLDING POND INC.

Principal Place of Business

3351 W. TENNESSEE STREET
TALLAHASSEE FL 32304

Mailing Address

3351 W TENNESSEE ST
TALLAHASSEE FL 32304
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FOSTER, JEFFREY E
3351 W. TENNESSEE STREET
TALLAHASSEE FL 32304

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

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

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

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
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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 information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-01

850-675-3364

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90222 023 ****61.25

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DO NOT WRITE IN THIS SPACE

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