

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000002770

1. Entity Name

CENTRAL FLORIDA INDEPENDENT AUTOMOBILE DEALERS A

**FILED**  
**Feb 28, 2000 8:00 am**  
**Secretary of State**

02-28-2000 90006 011 \*\*\*\*61.25

Principal Place of Business	Mailing Address
1207 N LAKEWOOD AVE OCOE FL 34761 US	1207 N LAKEWOOD AVE OCOE FL 34761-1715 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

5. Certificate of Status Desired	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MARBAIS, STEVEN W  
1207 N LAKEWOOD AVE  
OCOE FL 34761

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLSAPPLE, JIM	
STREET ADDRESS	571 MERCY DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PRESTON, BRUCE	
STREET ADDRESS	2203 S. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PRESTON, BRUCE	
STREET ADDRESS	2203 S. ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL 32806	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MARBASIS, STEVEN W	
STREET ADDRESS	1207 N. LAKEWOOD AVE.	
CITY-ST-ZIP	OCOE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: STEVEN W MARBASIS 1/31/00 407-877-7422  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)