

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004528

1. Entity Name

NORTH FLORIDA BMW ADVERTISING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

963 WYMORE ROAD
WINTER PARK FL 32789

963 WYMORE ROAD
WINTER PARK FL 32789-1769

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

4. FEI Number

59-3361683

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D
MURPHY, TERRY
2805 WEST MEMORIAL BLVD
LAKELAND FL 33801

☒ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PCD
MANTIONE, JOHN
963 WYMORE ROAD
WINTER PARK FL 32789

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

STD
BUSH, JOHN
9850 ATLANTIC BLVD.
JACKSONVILLE FL 32225

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
URFER, DON
6000 SOUTH TAMiami TRAIL
SARASOTA FL 34231

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)