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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005019 (3)**

1. Corporation Name

UNIQUES & ANTIQUES CAR CLUB, INC.

Principal Place of Business

Mailing Address

35508 DOGWOOD DRIVE
FRUITLAND PARK FL 34731

P.O. BOX 464
FRUITLAND PARK FL 34731-0464



3. Date Incorporated or Qualified
10/19/1995

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3361095

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAIRD, KATHRYN E
401-A SOUTH INDIAN RIVER DRIVE
FT. PIERCE FL 34950**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAR, BOB	
STREET ADDRESS	5276 C.R. 171	
CITY - ST - ZIP	WILDWOOD FL 34785	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUNDEEN, DWIGHT	
STREET ADDRESS	1708 SOUTH STREET	
CITY - ST - ZIP	LEESBURG FL 34748	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GESSNER, DEAN	
STREET ADDRESS	P.O. BOX 428	
CITY - ST - ZIP	YALAHUA FL 34797	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FROST, LOU	
STREET ADDRESS	35508 DOGWOOD DR	
CITY - ST - ZIP	FRUITLAND PK FL 34731	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, MARVIN	
STREET ADDRESS	37212 ROLLING ACRES RD	
CITY - ST - ZIP	LADY LAKE FL 32159	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EVANS, CINDY	
STREET ADDRESS	37212 ROLLING ACRES RD	
CITY - ST - ZIP	LADY LAKE FL 32159	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	marvin EVANS
3.4 CITY - ST - ZIP	37212 Rolling Acres Rd
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	DEAN GESSNER
4.4 CITY - ST - ZIP	PO Box 428
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP
5.3 STREET ADDRESS	Susan Commons
5.4 CITY - ST - ZIP	405 Poinsettia
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRUITLAND PARK FL 34731
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Cindy Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-97
Date

(352) 7870461
Daytime Phone # 0089661

CR2E037 (9/96)