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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000005019

1. Corporation Name

UNIQUES & ANTIQUES CAR CLUB, INC.

Principal Place of Business

02307 SPRING LK RD
FRUITLAND PK FL 34731
US

Mailing Address

POB 464
FRUITLAND PK 34731
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/19/1995

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

9. Name and Address of Current Registered Agent

GEISSNER, D
8724 CR 48
POB 4287
YALAHUA FL 34797

10. Name and Address of New Registered Agent

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

TITLE **D** ☐ DELETE

NAME **EVANS, C**
STREET ADDRESS **27212 ROLING ACRES RD**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **D** ☐ DELETE

NAME **SUNDEEN, DWIGHT**
STREET ADDRESS **1708 SOUTH STREET**
CITY-ST-ZIP **LEESBURG FL 34748**

TITLE **P** ☐ DELETE

NAME **GEISSNER, DEAN**
STREET ADDRESS **P.O. BOX 428 N/A**
CITY-ST-ZIP **YALAHUA FL**

TITLE **VP** ☒ DELETE

NAME **COMMONS, SUSAN**
STREET ADDRESS **405 POINSETTIA**
CITY-ST-ZIP **FRUITLAND PK FL**

TITLE **D** ☐ DELETE

NAME **EVANS, MARVIN**
STREET ADDRESS **37212 ROLLING ACRES RD**
CITY-ST-ZIP **LADY LAKE FL**

TITLE **S** ☐ DELETE

NAME **WATSON, E O**
STREET ADDRESS **7246 E SR 44, LT 23**
CITY-ST-ZIP **WILDWOOD FL 34785**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Sundeen, Dwight**

2.3 STREET ADDRESS **1708 South Street**

2.4 CITY-ST-ZIP **Leesburg, FL 34748**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **Gessner, Dean**

3.3 STREET ADDRESS **P.O. Box 428 N/A**

3.4 CITY-ST-ZIP **Yalaha, FL 34797**

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME **Stephens, Gerry**

4.3 STREET ADDRESS **2349 Lake Griffin Rd**

4.4 CITY-ST-ZIP **Lady Lake, FL 32159**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0073025

CR2E037 (11/98)