

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90022 025 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000005019

1. Entity 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 34731-0464
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3361095

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GESSNER, D
8724 CR 48
POB 4287
YALAHUA FL 34797

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

☐ Delete

TITLE **VP**
 NAME **Gessner, Dean**
 STREET ADDRESS **P.O. Box 428 N/A**
 CITY-ST-ZIP **YALAHUA, FL 34797** ☒ Change ☐ Addition

TITLE **D**
 NAME **GESSNER, DEAN**
 STREET ADDRESS **P.O. BOX 428 N/A**
 CITY-ST-ZIP **YALAHUA FL 34797**

☐ Delete

TITLE **D**
 NAME **Sundeen, Dwight**
 STREET ADDRESS **1708 South St.**
 CITY-ST-ZIP **Leesburg, FL 34748** ☒ Change ☐ Addition

TITLE **P**
 NAME **STEPHENS, GERRY**
 STREET ADDRESS **2349 LAKE GRIFFIN RD.**
 CITY-ST-ZIP **LADY LAKE FL 32159**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

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

☒ Delete

TITLE **S**
 NAME **Sundeen, Jan**
 STREET ADDRESS **1708 South St.**
 CITY-ST-ZIP **Leesburg, FL 34748** ☐ 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 of Signing Officer or Director
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Daytime Phone #

CR2E037 (9/99)