

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

4. FEI Number 59-3361095 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

GESSNER, D  
8724 CR 48  
POB 4287  
YALAHFA 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.

*Dean Gessner*  
Dean Gessner

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, C 27212 ROLING ACRES RD LADY LAKE FL 32159	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUNDEEN, DWIGHT 1708 SOUTH STREET LEESBURG FL 34748	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GESSNER, DEAN P.O. BOX 428 N/A YALAHFA FL 34797	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, GERRY 2349 LAKE GRIFFIN RD. LADY LAKE FL 32159	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, MARVIN 37212 ROLLING ACRES RD LADY LAKE FL	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WATSON, E O 7246 E-SR 44, LT 23 WILDWOOD FL 34785	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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: *Dean Gessner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/17/00*

Daytime Phone #

CR2E037 (999)