

2001 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
US

2. Principal Place of Business

3. 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. 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 ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE VP
NAME DESSNER, DEAN
STREET ADDRESS PO BOX 428
CITY-ST-ZIP YALAHUA FL 34797 ☐ Delete

TITLE
NAME Gessner, Dean
STREET ADDRESS 4287
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SUNDEEN, DEAN
STREET ADDRESS 1708 SOUTH ST
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE
NAME Sundeen, Dwight
STREET ADDRESS
CITY-ST-ZIP ☐ 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 JUNEEN, JAN
STREET ADDRESS 1708 SOUTH ST
CITY-ST-ZIP LEESBURG FL 34748 ☐ Delete

TITLE
NAME Sundeen, Jan
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-01

Date

Daytime Phone #

FILED
Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90059 023 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)