

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED

Apr 25, 2001 8:00 am
Secretary of State

03-28-2001 90204 037 ****61.25

DOCUMENT # N96000000234

1. Entity Name

HOMETOWN GMC DEALERS MARKETING ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3122 MAHAN DRIVE
TALLAHASSEE FL 32308

3122 MAHAN DRIVE
TALLAHASSEE FL 32308

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

59-3443658

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

Name

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

City

FL

Zip Code

PROCTOR, W. THEO JR.
3122 MAHAN DRIVE
TALLAHASSEE FL 32308

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

W. Theo Proctor, Jr., R.A. 3-26-01

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	PD	<input type="checkbox"/> Delete
NAME	PROCTOR, W. THEO JR.	
STREET ADDRESS	3122 MAHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMAS, BRUCE	
STREET ADDRESS	P. O. BOX 350 N/A	
CITY-ST-ZIP	QUINCY FL 32353	
TITLE	ST	<input type="checkbox"/> Delete
NAME	PUTNEY, LOUISE	
STREET ADDRESS	3122 MAHAN DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, LOU	
STREET ADDRESS	P. O. BOX 68 N/A	
CITY-ST-ZIP	THOMASVILLE GA 31799	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKSEY, DON	
STREET ADDRESS	P.O. BOX 1760 N/A	
CITY-ST-ZIP	BAINBRIDGE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOSCH, BART	
STREET ADDRESS	P. O. BOX 2478 N/A	
CITY-ST-ZIP	VADOSTA GA 31604	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)