

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000000720

1. Entity Name

THE WANDERERS CAR CLUB, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90038 011 ****61.25

Principal Place of Business

Mailing Address

21015 SW 87 PL
DUNNELLON FL 34431

21015 SW 87 PL
DUNNELLON FL 34431-5601

2. Principal Place of Business

6 N BEST PT

3. Mailing Address

PO BOX 103

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

INVERNESS FL

City & State

HERNANDO FL

Zip

Country

34450

Zip

Country

34442-0103

4. FEI Number

59-33-44852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLSNER, ROSE J
21015 SW 87 PL
DUNNELLON FL 34431

7. Name and Address of New Registered Agent

Name MARSHALL EARNEST

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

6 N BEST PT

City

INVERNESS

FL

Zip Code

34450

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

Marshall Earnest MARSHALL EARNEST, PRESIDENT 3/1/00

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOLSNER, ROSE J 21015 SW 87 PL DUNNELLON FL 34431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EARNEST, MARSHALL 6 NORTH BEST PL INVERNESS FL 34450	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUNDELINS, WALT 9946 NW 49 TERR. MIAMI FL 33178-1918	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOLSNER, ROSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EARNEST, MARSHALL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER KAREN SAUELA 5532 S ASHLEY TERR INVERNESS FL 34452	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY SUSAN CRAIG 1111 E BLOOMFIELD DR INVERNESS FL 34453	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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(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:

Marshall Earnest

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00 352 637 3139

Date

Daytime Phone #

CR2E037 (9/99)