

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90310 032 ****61.25

0083459

DOCUMENT # N96000000720

1. Entity Name

THE WANDERERS CAR CLUB, INC.

Principal Place of Business

**SIX N. BEST POINT
 INVERNESS FL 34460**

Mailing Address

**P OBOX 103
 HERNANDO FL 34442-0103**

2. Principal Place of Business

21015 SW 87 PL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Dunnellon FL

City & State

Zip

34431

Country

FLORIDA

Zip

Country

4. FEI Number

59-3344852

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ERNEST, MARSHALL
 6 N. BEST PT
 INVERNESS FL 34450**

7. Name and Address of New Registered Agent

Name **ROSE J GOLSNER**

Street Address (P.O. Box Number is Not Acceptable)
21015 SW 87 PL

City **Dunnellon**

FL

Zip Code **34431**

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

Rose J Golsner

(NOTE: Registered Agent signature required when reinstating)

DATE

3/23/01

**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

TITLE **VP** ☐ Delete
 NAME **GOLSNER, ROSE J**
 STREET ADDRESS **21015 SW 87 PL**
 CITY-ST-ZIP **DUNNELLON FL 34431**

TITLE **PD** ☒ Delete
 NAME **EARNST, MARSHALL**
 STREET ADDRESS **6 NORTH BEST PL**
 CITY-ST-ZIP **INVERNESS FL 34450**

TITLE **D** ☐ Delete
 NAME **LUNDELINS, WALT**
 STREET ADDRESS **9946 NW 49 TERR.**
 CITY-ST-ZIP **MIAMI FL 33178-1918**

TITLE **T** ☐ Delete
 NAME **SAVELA, KAREN**
 STREET ADDRESS **5532 S. AHLEY TERR**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE **S** ☒ Delete
 NAME **CRAIGE, SUSAN**
 STREET ADDRESS **1111 E. BLOOMFIELD DR**
 CITY-ST-ZIP **INVERNESS FL 34453**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition
 NAME **BOB HINRICHS**
 STREET ADDRESS **5489 S ASHLEY TER**
 CITY-ST-ZIP **INVERNESS FL 34452**

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

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

TITLE ☐ Change ☒ Addition
 NAME **CHRIS DETOMASI**
 STREET ADDRESS **5454 S CONCORD TER**
 CITY-ST-ZIP **INVERNESS FL 34452**

TITLE ☐ Change ☐ 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:

CHRISTINE DeTOMASI

Date

3/29/01

Daytime Phone #

352-344-5287

CR2E037 (10/00)