

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N97000000586**

1. Entity Name

ANTIQUE AUTOMOBILE CLUB OF AMERICA (CENTRAL FLOR

Principal Place of Business

81 SOUTH EDMON
WINTER SPRINGS FL 32708

Mailing Address

81 SOUTH EDMON
WINTER SPRINGS FL 32708

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

1215 GUERNSEY ST.

Suite, Apt. #, etc.

1215 GUERNSEY ST.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

USA

Zip

32804

Country

USA

6. Name and Address of Current Registered Agent

**MAHAFFEY, JOHN D JR, ESQ
3438 LAWTON ROAD
SUITE 200
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
GAUCHAT, RICHARD
737 GALLOWAY CT
WINTER SPRGS FL 32708** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
GILKES, HOWARD
1215 GUERNSEY ST
ORLANDO FL 32804-612** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BOWMAN, SYLVIA
1791 MAGNOLIA AVE
WINTER PARK FL 32789** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
Lee Dunkin
1504 Overlake Ave.
Orlando, FL 32806-7165** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
Howard Gilkes
1215 Guernsey St.
Orlando, FL 32804-6121** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Don Allen
153 Poe Drive SE
Winter Haven, FL 33884** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
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: HOWARD E. GILKES (HOWARD E. GILKES) 4/13/01 407/425-6409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90018 042 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3525728

Applied For

Not Applicable

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

0021943

CR2E037 (10/00)