

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90059 004 ****61.25

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1. Corporation Name

**MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SE
CTION, INC.**

Principal Place of Business

P O BOX 350267
JACKSONVILLE FL 32225-0267

Mailing Address

P O BOX 350267
JACKSONVILLE FL 32225-0267



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3444820

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEEDY, DAVID B
3101 SOUTHERN HILLS CIRCLE, WEST
JACKSONVILLE FL 32225-4665

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *David B. Leedy* **DAVID B. LEEDY, REGISTERED AGENT**

Jan 16, 1999
DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> DELETE |
| NAME | LEEDY, DAVID B | |
| STREET ADDRESS | 3101 SOUTHERN HILLS CIR., WEST | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | V | <input checked="" type="checkbox"/> DELETE |
| NAME | LABELLE, STEVEN | |
| STREET ADDRESS | 11366 TACITO CR. DR. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | HOVE, YVONNE | |
| STREET ADDRESS | 4012 TURNBERRY CT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | T | <input checked="" type="checkbox"/> DELETE |
| NAME | TOLCZ, JANUSCZ | |
| STREET ADDRESS | 8529 ALTON AVE | |
| CITY-ST-ZIP | JACKSONVILLE FL 32211 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | COSTA, ARTHUR A SR | |
| STREET ADDRESS | 3804 VILLA SAN JOSE DR | |
| CITY-ST-ZIP | JACKSONVILLE FL 32217 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | FERRAN, WILLIAM H | |
| STREET ADDRESS | 13082 MANDARIN RD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32223 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|---|
| 1.1 TITLE | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | STEVEN LABELLE | |
| 1.3 STREET ADDRESS | 18135 GATE PKWY #510 | |
| 1.4 CITY-ST-ZIP | JACKSONVILLE FL 32246 | |
| 2.1 TITLE | VICE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | JOHN D. ZOLLER | |
| 2.3 STREET ADDRESS | 10010 BELLE RIVE BLVD | |
| 2.4 CITY-ST-ZIP | JACKSONVILLE, FL 32256 | |
| 3.1 TITLE | SECRETARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | P. B. HAGA | |
| 3.3 STREET ADDRESS | 4638 WADHAM LN | |
| 3.4 CITY-ST-ZIP | JACKSONVILLE, FL 32210-8146 | |
| 4.1 TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | JOHN W. RAND JR. | |
| 4.3 STREET ADDRESS | 2046 BROAD OAK DR | |
| 4.4 CITY-ST-ZIP | JACKSONVILLE, FL 32275-2424 | |
| 5.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | DIRECTOR | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | DAVID B. LEEDY | |
| 6.3 STREET ADDRESS | 3101 SOUTHERN HILLS CIR. WEST | |
| 6.4 CITY-ST-ZIP | JACKSONVILLE, FL 32225-4665 | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *David B. Leedy* **DAVID B. LEEDY, DIRECTOR**

Jan 16, 1999 904/641-3030
Date Daytime Phone #

CR2E037 (11/98)