2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGN

FILED DOCUMENT # N9700001717 Jan 20, 2000 8:00 am 1. Entity Name Secretary of State MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SE 01-20-2000 90235 023 ****61.25 Principal Place of Business Mailing Address P O BOX 350267 P O BOX 350267 JACKSONVILLE FL 32225-0267 JACKSONVILLE FL 32235-0267 แหมีขอลัลบ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3444820 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LEEDY, DAVID B 3101 SOUTHERN HILLS CIRCLE, WEST JACKSONVILLE FL 32225-4665 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** FEE IS \$61.25 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. John O. Zoller, President (A) Change ☐ Addition **X** Delete TITLE TITLE 10113 Whipporwill Dr. LABELLE, STEVEN NAME NAME Jacksonville, Fl. 32256 STREET ADDRESS STREET ADDRESS 10135 GATE PKY #510 CITY-ST-ZIP CITY-ST-ZIF Jacksonville FL 32246 Dennis Cleary, Vice Pres, Delete TITLE Change ☐ Addition TITLE 112 Cypress Linda NAME NAME ZOLLER, JOHN D TACKSONVILLE FL. 32259 STREET ADDRESS STREET ADDRESS 10010 BELLE RIVE BLVD CITY-ST-ZIP CITY-ST-7/8 JACKSONVILLE FL 32256 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME HAGA, P.B. STREET ADDRESS STREET ADDRESS 4638 WADHAM LN CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32210-8146 Change ☐ Addition Delete TITLE TITLE RANO. JOHN W JR NAME NAME STREET ADDRESS STREET ADDRESS 2046 BROAD OAK DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32225-2424 Change ☐ Addition TITLE D ☐ Delete TITLE COSTA, ARTHUR A SR NAME STREET ADDRESS 3804 VILLA SAN JOSE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32217 Delete TiTI F Change Addition TITLE NAME LEEDY, DAVID B NAME STREET ADDRESS 3101 SOUTHERN HILLS CIR. WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Jacksonville FL 32225-4665 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 attachmen with an address, with all other like empowered.

F SIGNING OFFICER OR DIRECTOR

Daytime Phone #