

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90539 044 \*\*\*\*61.25

**DOCUMENT # N97000001717**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3444820**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**RAND, JOHN W JR**  
**2046 BROAD OAK DRIVE**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name

**Butler, Frances S.**

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

**2950 Shady Dr**

City

**Jacksonville**

FL

Zip Code

**32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Frances S. Butler** (Frances S. Butler) **01/12/03**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **RANDALL, ALEX III**  
STREET ADDRESS **12556 RICHARDS ROOK LANE**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **VP** ☐ Delete  
NAME **STAGL, FRANK**  
STREET ADDRESS **806 PATRICIA AVE**  
CITY-ST-ZIP **ST MARYS GA 31550**

TITLE **S** ☐ Delete  
NAME **HAGA, P.B.**  
STREET ADDRESS **4638 WADHAM LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32210-8146**

TITLE **T** ☐ Delete  
NAME **RANO, JOHN W JR**  
STREET ADDRESS **2046 BROAD OAK DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32225-2424**

TITLE **D** ☐ Delete  
NAME **MORRISON, CHARLES**  
STREET ADDRESS **2166 BRIGHTON BEY TRAIL WEST**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE **D** ☐ Delete  
NAME **CLEARY, DENNIS**  
STREET ADDRESS **112 CYPRESS LANDING**  
CITY-ST-ZIP **JACKSONVILLE FL 32259**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **VP** ☒ Change ☐ Addition  
NAME **Parmenter, Ken**  
STREET ADDRESS **2941 Amelia Dr**  
CITY-ST-ZIP **Jacksonville, FL 32257**

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

TITLE **T** ☒ Change ☐ Addition  
NAME **Butler, Frances S.**  
STREET ADDRESS **2950 Shady Dr**  
CITY-ST-ZIP **Jacksonville, FL 32257**

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

TITLE **D** ☒ Change ☐ Addition  
NAME **Carter, Sam**  
STREET ADDRESS **589 Golden Links Dr**  
CITY-ST-ZIP **Orange Park, FL 32073**

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:**

**SIGNATURE REQUIRED** (Frances S. Butler) **01/12/03** **904-733-5464**

CR2E037 (10/02)