

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000005707

1. Entity Name

FLORIDA BRITISH CAR COUNCIL, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90066 025 ****61.25

Principal Place of Business

Mailing Address

3610 SE 1ST PLACE
CAPE CORAL FL 33904

3610 SE 1ST PLACE
CAPE CORAL FL 33904-4800

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

65-0790011

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAUE, GARY E
3610 SE 1ST PLACE
CAPE CORAL FL 33904

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CD ☒ Delete
NAME HORNACK, MICHAEL G
STREET ADDRESS 7363 BARRAGAN RD
CITY-ST-ZIP FT MYERS FL 33912

TITLE CD ☒ Change ☐ Addition
NAME Newman, William T.
STREET ADDRESS 12192 Moonshell Dr.
CITY-ST-ZIP Cape Coral, FL 33991

TITLE D ☒ Delete
NAME ALEXANDER, JUDY
STREET ADDRESS 1355 WEST WAY
CITY-ST-ZIP SARASOTA FL 34236

TITLE D ☒ Change ☐ Addition
NAME BRAHAM, Bill
STREET ADDRESS 6405 Sun Eagle Ln.
CITY-ST-ZIP Bradenton, FL 34210

TITLE D ☐ Delete
NAME BOCKOSKI, KATHLEEN
STREET ADDRESS 4723 REMINGTON DR
CITY-ST-ZIP SARASOTA FL 34234

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

TITLE D ☐ Delete
NAME COHEN, EUGENE
STREET ADDRESS 5273 TURTLE CREEK LANE
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

William T. Newman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00 (94) 338-3302
Date Daytime Phone #

CR2E037 (9/99)