

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90151 032 \*\*\*\*61.25

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *N97000005707*

1. Entity Name

*FLORIDA BRITISH CAR COUNCIL INC.*

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

*12192 Moon Shell Dr.*

Suite, Apt. #, etc.

3. Mailing Address

*12192 Moon Shell Dr.*

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

*CAPE CORAL FL*

City & State

*CAPE CORAL, FL*

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

*33991 - USA*

Zip

Country

*33991 USA*

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

*WILLIAM T. NEWMAN*

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

*12192 Moon Shell Drive*

City

*Cape Coral*

FL

Zip Code

*33991*

**DO NOT WRITE  
IN THIS SPACE**

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:

*William T. Newman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*APRIL 22, 2002*

**FEE IS \$61.25**

Initial or Amended UBR

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	<i>CD</i>
NAME	<i>MARY F. NEWMAN</i>
STREET ADDRESS	<i>12192 Moon Shell Dr</i>
CITY - ST - ZIP	<i>Cape Coral, FL 33991</i>
TITLE	<i>D</i>
NAME	<i>STAN Bockoski</i>
STREET ADDRESS	<i>4723 REMINGTON DR</i>
CITY - ST - ZIP	<i>SARASOTA, FL 34234</i>
TITLE	<i>D</i>
NAME	<i>Kathleen Bockoski</i>
STREET ADDRESS	<i>4723 REMINGTON DR</i>
CITY - ST - ZIP	<i>SARASOTA, FL 34234</i>
TITLE	<i>D</i>
NAME	<i>EUGENE Cohen</i>
STREET ADDRESS	<i>5273 Turtle Creek Lane</i>
CITY - ST - ZIP	<i>SARASOTA, FL 34232</i>
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *MARY F. NEWMAN Mary F. Newman*

Date

Daytime Phone #

*4/24/02 941-590-7226*

CR2E037B (12/01)