

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

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90220 018 ****70.00

DOCUMENT # N97000005707

1. Entity Name
FLORIDA BRITISH CAR COUNCIL, INC.



Principal Place of Business

**12192 MOON SHELL DR
CAPE CORAL FL 33991**

Mailing Address

**12192 MOON SHELL DR
CAPE CORAL FL 33991**

2. Principal Place of Business

1700 North Dr.

Suite, Apt. #, etc.

3. Mailing Address

1700 North Dr

Suite, Apt. #, etc.

City & State

Sarasota, Fla

City & State

Sarasota Fla

Zip

34239

Country

USA

Zip

34239

Country

USA

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

**NEWMAN, WILLIAM T
12192 MOON SHELL DR
CAPE CORAL FL 33991**

7. Name and Address of New Registered Agent

Name **Dennis Charles Maher**

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

11602 Royal Tee Cir

City **Cape Coral**

FL

Zip Code **33991**

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 **Dennis Charles Maher**
Signature, typed or printed name of registered agent and title if applicable.

Dennis Charles Maher - Director 19 Jan '03
(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 **CD** ☒ Delete
NAME **NEWMAN, MARY F**
STREET ADDRESS **12192 MOON SHELL DR**
CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **D** ☒ Delete
NAME **BOCKOSKI, STAN**
STREET ADDRESS **4723 REMINGTON DR**
CITY-ST-ZIP **SARASOTA FL 34234**

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CD** ☒ Change ☐ Addition
NAME **Judy Alexander**
STREET ADDRESS **1700 North Dr**
CITY-ST-ZIP **Sarasota, Fl. 34239**

TITLE **D** ☒ Change ☐ Addition
NAME **Dennis Charles Maher**
STREET ADDRESS **11602 Royal Tee Cir**
CITY-ST-ZIP **Cape Coral, Fl 33991**

TITLE **D** ☒ Change ☐ Addition
NAME **David Macintosh**
STREET ADDRESS **3270 South Shore Dr.**
CITY-ST-ZIP **Punta Gorda, Fl. 33955**

TITLE **D** ☒ Change ☐ Addition
NAME **David Maslako**
STREET ADDRESS **15757 Treasure Island lane**
CITY-ST-ZIP **Fort Myers, Fl. 33905**

TITLE ☐ Change ☐ Addition
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: **Dennis C. Maher**
NAME OF SIGNING OFFICER OR DIRECTOR

19 Jan 2003 239 283 8495
Date Daytime Phone #

CR2E037 (10/02)