

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001603

1. Entity Name

PORSCHE OWNERS CLUB FLORIDA REGION, INC.

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90017 030 ****61.25

Principal Place of Business

Mailing Address

10215 NW 53 STREET
SUNRISE FL 33351

1930 CORSICA DR
WELLINGTON FL 33414-1044

2. Principal Place of Business

1935 NW 40TH COURT

3. Mailing Address

Suite, Apt. #, etc.

POMEROY BEACH FL

City & State

33064

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0831318

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

VARELA, ROBERT M
10215 NW 53 STREET
SUNRISE FL 33351

Name VARELA, ROBERT M

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

1935 NW 40TH COURT

City

POMEROY BEACH

FL

Zip Code
33064

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

ROBERT M. VARELA

PRESIDENT

2/18/00

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 P ☐ Delete
NAME VARELA, ROBERT M
STREET ADDRESS 1930 CORSICA DR
CITY-ST-ZIP WELLINGTON FL 33414

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

TITLE VP ☐ Delete
NAME BYER, RALPH
STREET ADDRESS 606 RIVERA ISLE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

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

TITLE ☒ Delete
NAME SHUSTER, ROBERT
STREET ADDRESS 22155 MATELLA AVE
CITY-ST-ZIP BOCA RATON FL 33433

TITLE TREASURER ☐ Change ☒ Addition
NAME PARSONS, KEITH
STREET ADDRESS 1725 17TH LANE
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE S ☐ Delete
NAME ZILINSKY, ALAN
STREET ADDRESS 195045 ATLANTA LAKES DR
CITY-ST-ZIP BOCA RATON FL 33498

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

TITLE D ☒ Delete
NAME HOLT, RITCHIE
STREET ADDRESS 880 SOMERSET AVE
CITY-ST-ZIP DAVIE FL 33325

TITLE DIRECTOR ☐ Change ☐ Addition
NAME FISHER, JOHN
STREET ADDRESS 330 PRARIE ROSE LANE
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE D ☐ Delete
NAME VARELLA, ORNOST
STREET ADDRESS 13727 SW 36TH ST
CITY-ST-ZIP MIAMI FL 33175

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KEITH PARSONS

2/18/00

561-966-9900

CR2E037 (9/99)