

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 25, 2001 08:00 AM**
Secretary of State**DOCUMENT # N98000001603****1. Entity Name**
PORSCHE OWNERS CLUB FLORIDA REGION, INC.**Principal Place of Business**
1935 NW 40TH COURT
POMPANO BEACH FL 33064
Mailing Address
1930 CORSICA DR
WELLINGTON FL 33414**2. Principal Place of Business**
3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number
65-0831318Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentVARELA ROBERT M
1935 NW 40TH COURT
POMPANO BEACH FL 33064 US**7. Name and Address of New Registered Agent**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** **04/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	VARELLA ORNOST	
STREET ADDRESS	13727 SW 36TH ST	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE	D	<input type="checkbox"/> Delete
NAME	FISHER JOHN	
STREET ADDRESS	330 PRARIE ROSE LANE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	S	<input type="checkbox"/> Delete
NAME	ZILINSKY ALAN	
STREET ADDRESS	195045 ATLANTA LAKES DR	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	T	<input type="checkbox"/> Delete
NAME	PARSONS KEITH	
STREET ADDRESS	1725 17TH LANE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BYER RALPH	
STREET ADDRESS	606 RIVIERA ISLE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	P	<input type="checkbox"/> Delete
NAME	VARELA ROBERT M	
STREET ADDRESS	1930 CORSICA DR	
CITY-ST-ZIP	WELLINGTON FL 33414	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VARELA ERNEST		
STREET ADDRESS	13727 SW 36TH ST		
CITY-ST-ZIP	MIAMI FL 33175		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TURNAGE ROBERT		
STREET ADDRESS	851 WEST SR 436		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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)(f), 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: ROBERT M VARELA****P 04/25/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/00)

ALAN ZILINSKY D
195045 ATLANTA LAKES DRIVE

BOCA RATON FL 33498