

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90043 012 ****61.25

DOCUMENT # N98000001696
1. Entity Name
 BRANDON AUTO MALL ASSOCIATION, INC.

Principal Place of Business **Mailing Address**
 P. O. Box 17860 P. O. Box 17860
 Clearwater, FL 33762 Clearwater, FL 33762

2. Principal Place of Business **3. Mailing Address**
 P. O. Box 1993 P. O. Box 1993
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**
 Largo, FL Largo, FL:
Zip **Country** **Zip** **Country**
 33779 Pinellas 33779 Pinellas

4. FEI Number **Applied For**
 59-3509351 ☐ 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 Agent
 Barber, Charles F.
 1550 South Highland Avenue
 Clearwater, FL 33756

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: **FEE IS \$61.25** **9. Election Campaign Financing** **\$5.00 May Be**
 Trust Fund Contribution. Added to Fees
Make Check Payable to:
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	Stone, J O	
STREET ADDRESS	PO Box 17860	
CITY-ST-ZIP	Clearwater, FL 33762	
TITLE	VD	<input type="checkbox"/> Delete
NAME	Stanley, Mike	
STREET ADDRESS	PO Box 850	
CITY-ST-ZIP	Brandon, FL 33509	
TITLE	STD	<input type="checkbox"/> Delete
NAME	Barber, Charles F.	
STREET ADDRESS	1550 South Highland Avenue	
CITY-ST-ZIP	Clearwater, FL 33756	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P. O. Box 1993	
CITY-ST-ZIP	LARGO, FL 33779	
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		
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)(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:  **J. O. Stone, President** **4/13/01** **(727) 581-3366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)