

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM****Secretary of State****DOCUMENT # N98000001770****1. Entity Name**
AUTONATION PARK ASSOCIATION, INC.**Principal Place of Business**
110 SE 6TH STREET, 20TH FLOOR
FORT LAUDERDALE FL 33301**Mailing Address**
110 SE 6TH STREET, 20TH FLOOR
FORT LAUDERDALE FL 33301**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0908291**Applied 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 Agent**7. Name and Address of New Registered Agent**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324 US

Name
ROLLIN KENNETH B
Street Address (P.O. Box Number is Not Acceptable)
110 SE 6TH ST
20TH FL
City
FT. LAUDERDALE **FL** **Zip Code**
33301**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 KENNETH B. ROLLIN****05/01/2001**

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****Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	TD	<input type="checkbox"/> Delete
NAME	TURPEL NEWELL	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STRAUTMAN JOHN A	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DWORS ROBERT F	
STREET ADDRESS	110 SE 6TH STREET, 20TH FLOOR	
CITY-ST-ZIP	FORT LAUDERDALE FL 33301	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
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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 F. DWORS**

PD

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Dwors Robert F

CR2E037 (11/00)