

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000005189

1. Entity Name

FLAGLER COUNTY CORVETTES, INC.

Principal Place of Business

18 REMINGTON RD
ORMOND BEACH FL 32174

Mailing Address

18 REMINGTON RD
ORMOND BEACH FL 32174

2. Principal Place of Business

1116 Balsa Street

Suite, Apt. #, etc.

Bunnell, Florida

City & State

32110

Zip

Country

3. Mailing Address

1116 Balsa Street

Suite, Apt. #, etc.

Bunnell, Florida

City & State

32110

Zip

Country

6. Name and Address of Current Registered Agent

MOORE, RICHARD L
18 REMINGTON RD
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name ELIZABETH BINKLEY
Street Address (P.O. Box Number is Not Acceptable)
1116 Balsa Street
Bunnell
City FL Zip Code 32110

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

Elizabeth Binkley

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-01

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

TITLE	SD	☒ Delete
NAME	MOORE, RICHARD	
STREET ADDRESS	18 REMINGTON RD	
CITY-ST-ZIP	ORMOND BEACH FL 32174	
TITLE	PD	☒ Delete
NAME	LOY, DENNIS L	
STREET ADDRESS	RT. 1 BOX 45K	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE	TD	☐ Delete
NAME	BINKLEY, L	
STREET ADDRESS	1116 Balsa STREET	
CITY-ST-ZIP	BUNNELL FL 32110	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	SD	☒ Change ☒ Addition
NAME	Doreen Rainville	
STREET ADDRESS	9 Cedarfield	
CITY-ST-ZIP	Palm Coast FL 32137	
TITLE	PD	☒ Change ☒ Addition
NAME	John Ferrara	
STREET ADDRESS	17 Contee Court	
CITY-ST-ZIP	Palm Coast, Florida 32137	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

Elizabeth Binkley

4-28-01 904-437-7526

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90170 028 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3532626

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

CR2E037 (10/00)