

AMENDED
2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000017621

1. Entity Name

FERN PARK TRANSMISSIONS, INC.

Principal Place of Business

408 Bison Circle
Apopka, FL 32712

Mailing Address

408 Bison Circle
Apopka, FL 32712

2. Principal Place of Business

4888 W. Colonial Drive

3. Mailing Address

4888 W. Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL 32108

City & State

Orlando, FL 32108

Zip

32808

Country

USA

Zip

32808

Country

USA

4. FEI Number

59-3687831

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

NEWSOM, TERRY
408 Bison Circle
Apopka, FL 32712

7. Name and Address of New Registered Agent

Name CATHCART, CHRISTOPHER

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

210 N. Wymore Road

City

Winter Park

FL

Zip Code

32789

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

Terry Newsom

(NOTE: Registered Agent signature required when reinstating)

8/29/01

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NEWSOM, TERRY	
STREET ADDRESS	408 Bison Circle	
CITY-ST-ZIP	Apopka, FL 32712	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPINOLAS, ANITA	
STREET ADDRESS	4888 W. Colonial Drvie	
CITY-ST-ZIP	Orlando, FL 32808	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200004575682	
STREET ADDRESS	-09/07/01--01093--016	
CITY-ST-ZIP	*****61.25 *****61.25	

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Terry Newsom

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/29/01

Daytime Phone #

FILED

01 SEP -4 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (11/00)