

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12880

1. Entity Name

NATIONAL WHEEL AND RIM ASSOCIATION INC.

FILED

May 16, 2000 8:00 am
Secretary of State

05-16-2000 90167 028 ****61.25

Principal Place of Business

Mailing Address

5121 BOWDEN ROAD, SUITE 303
JACKSONVILLE FL 32216-2950

5121 BOWDEN ROAD, SUITE 303
JACKSONVILLE FL 32216-5950

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

42-0761277

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARBOUR, JEPHTA F.
1200 GULF LIFE DRIVE
800 SOUTHEAST BANK BUILDING
JACKSONVILLE FL 32207

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHILLING, TOM 1419 9TH AVENUE TAMPA FL	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STEWART, THOMAS 301 N. SMITH ST CHARLOTTE NC 28202	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FICK, DEBRA 1011 S. MAIN ST. SOUTH BEND IN	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOLPE, ANGELO 5121 BOWDEN RD #303 JACKSONVILLE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RAYMOND, PAUL 52 WRIGHT AVE DARTMOUTH NS B3B- 1R3	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DISANO, LARRY 1550 GAGE RD MONTEBELLO CA	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARNEY, ART 1401 HOWARD ST. DETROIT, MI 48216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMILEY, ROBIN 14820 - 112 AVE. EDMONTON, AB T5M 2V2	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HENDERSON, MICHAEL 1825 S. 300 WEST SALT LAKE CITY, UT 84115	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

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:

Angelo Volpe
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2000
Date

904 737 2900
Daytime Phone #