

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90016 043 ***150.00

DOCUMENT # P95000011666

1. Entity Name

DODGE OF WINTER PARK, INC.

Principal Place of Business

500 PARK AVE S.
STE. 202
WINTER PARK FL 32789
US

Mailing Address

PO BOX 1720
WINTER PARK FL 32790-1720

2. Principal Place of Business

301 S. ORLANDO AVE.

3. Mailing Address

Suite, Apt. #, etc.

SUITE 200

City & State

MAITLAND, FL

Zip

32751

Country

Zip

Country

4. FEI Number

59-3298243

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

PRICE, PAMELA O
201 EAST PINE ST
STE. 1200
ORLANDO FL 32802

Name

RICHARD M. ROBINSON

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

201 E. PINE STREET, SUITE 1200

City

ORLANDO,

FL

Zip Code

32801

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

Richard M. Robinson

Richard M. Robinson

4/6/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete

NAME HOLLER, ROGER W JR
STREET ADDRESS 500 PARK AVE S., STE. 202
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ Delete

NAME HOLLER, ROGER W III
STREET ADDRESS 500 PARK AVE S., STE. 202
CITY-ST-ZIP WINTER PARK FL

TITLE VD ☐ Delete

NAME HOLLER, CHRISTOPHER A
STREET ADDRESS 500 PARK AVE. S., STE. 202
CITY-ST-ZIP WINTER PARK FL

TITLE VTD ☐ Delete

NAME HOLLER, JULIETTE E
STREET ADDRESS 500 PARK AVE S., STE. 202
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 301 S. ORLANDO AVE., SUITE 200
STREET ADDRESS MAITLAND, FL 32751
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 301 S. ORLANDO AVE., SUITE 200
STREET ADDRESS MAITLAND, FL 32751
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME 301 S. ORLANDO AVE., SUITE 200
STREET ADDRESS MAITLAND, FL 32751
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME JULIETTE E. HOLLER-ROGERS
STREET ADDRESS 301 S. ORLANDO AVE., SUITE 200
CITY-ST-ZIP MAITLAND, FL 32751

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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 another life empowered.

SIGNATURE:

Richard M. Robinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #

CR2E034 (9/99)