

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90415 036 ***150.00

DOCUMENT # P95000011666

1. Entity Name

DODGE OF WINTER PARK, INC.

Principal Place of Business

**301S ORLANDO AVE
STE. 200
MAITLAND FL 32751
US**

Mailing Address

**PO BOX 1720
WINTER PARK FL 32790**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ROBINSON, RICHARD M
201 EAST PINE ST
STE. 1200
ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

SIGNATURE

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

(NOTE: Registered Agent signature required when registering.)

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, 2001 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

TITLE	PSD	☐ Delete
NAME	HOLLER, ROGER W JR	
STREET ADDRESS	301 S ORLANDO AVE SUITE 200	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VD	☐ Delete
NAME	HOLLER, ROGER W III	
STREET ADDRESS	301 S ORLANDO AVE SUITE 200	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VD	☐ Delete
NAME	HOLLER, CHRISTOPHER A	
STREET ADDRESS	301 S ORLANDO AVE SUITE 200	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE	VTD	☐ Delete
NAME	HOLLER-ROGERS, JULIETTE E	
STREET ADDRESS	301 S ORLANDO AVE SUITE 200	
CITY-STATE-ZIP	MAITLAND FL 32751	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-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 included 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, if that other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

407-539-6500

Secretary of State

CR2E034 (10/00)

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