

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 08:00 AM
Secretary of State

DOCUMENT # P95000070119
 1. Entity Name
AUTONATION ENTERPRISES INCORPORATED

Principal Place of Business 110 SE 6TH ST 20TH FLOOR FORT LAUDERDALE 33301 US	FL	Mailing Address 110 SE 6TH ST 20TH FLOOR FORT LAUDERDALE 33301 US	FL
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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
65-0608578

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL
33324 US

7. Name and Address of New Registered Agent

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 _____ DATE **04/24/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	T	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HYLE KATHLEEN W			NAME			
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR			STREET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E			NAME	BOURHIS MARC L		
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR			STREET ADDRESS	110 SE 6TH STREET, 20TH FLR		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VSD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAWKINS THOMAS W			NAME	FERRANDO JONATHAN P		
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR			STREET ADDRESS	110 SE 6TH STREET, 20TH FLR		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE	DVPS	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLE JAMES O			NAME	MAROONE MICHAEL P		
STREET ADDRESS	110 SE 6TH STREET, 20TH FLR			STREET ADDRESS	110 SE 6TH STREET, 20TH FLR		
CITY-ST-ZIP	FORT LAUDERDALE FL 33301			CITY-ST-ZIP	FORT LAUDERDALE FL 33301		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: JONATHAN P. FERRANDO DATE: 04/24/2000