

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000088881

1. Entity Name

STARLING KIA, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90126 012 ***150.00

Principal Place of Business

2409 N ORANGE BLOSSOM TR
KISSIMMEE FL 34744
US

Mailing Address

P.O. BOX 421150
KISSIMMEE FL 34744
US

2. Principal Place of Business

4253 W. 13th Street

Suite, Apt. #, etc.

3. Mailing Address

PO Box 700667

Suite, Apt. #, etc.

City & State

St. Cloud, FL

Zip
34769

Country
US

City & State

St. Cloud, FL

Zip
34770

Country
US

4. FEI Number

65-0633549

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RITCH, JOHN B
100 CHURCH STREET
KISSIMMEE FL 34741

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	STARLING, ALAN C	
STREET ADDRESS	1380 GRANDVIEW BOULEVARD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	STARLING, BRUCE C	
STREET ADDRESS	1004 LANCASTER DRIVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	TICEHURST, GREGG	
STREET ADDRESS	10000 RIVER GLEN COURT	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	SCHOFF, LUCY S	
STREET ADDRESS	1712 PATRICK STREET	
CITY-ST-ZIP	KISSIMMEE FL 34741	
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		<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		
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:

Gregg Ticehurst Gregg Ticehurst

4-18-01

407-892-2224

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)