

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 17, 2000 08:00 AM**
Secretary of State**DOCUMENT # P96000000640****1. Entity Name**
AUTONATION CORPORATE MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
110 SE 6TH ST	110 SE 6TH ST
20TH FL	20TH FL
FT. LAUDERDALE FL	FT. LAUDERDALE FL
33301 US	33301 US

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
65-0629697Applied 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**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION FL
33324 US

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)

04/17/2000

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	AT	<input type="checkbox"/> Delete
NAME	SILLS HOWARD	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	T	<input type="checkbox"/> Delete
NAME	HYLE KATHLEEN	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURHIS MARC L	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	VPS	<input type="checkbox"/> Delete
NAME	COLE JAMES O	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRANDO JONATHAN P	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	DP	<input type="checkbox"/> Delete
NAME	HUDSON HARRIS W.	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE MICHAEL E	
STREET ADDRESS	110 SE 6TH ST 20TH FL	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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** JONATHAN P. FERRANDO

S 04/17/2000