

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

Classic Cars of Sarasota, Finance, Inc.

P96000015297

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90085 001 ***150.00

00074438

Principal Place of Business

Mailing Address

7150 S. Tamiami Trail
Sarasota FL 34231

2. Principal Place of Business

3. Mailing Address

7150 S. Tamiami Trail

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sarasota, FL

City & State

City & State

4. FEI Number

65-0651763

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

7. Name and Address of New Registered Agent

Dan Prewett
5777 Beneva Road S.
Sarasota, FL 34233

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, 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 NAME Marcella Gilliland ☐ Delete
STREET ADDRESS 946 Pleasant Est. D.
CITY-ST-ZIP Sarasota FL 34232

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME Larry Gilliland ☐ Delete
STREET ADDRESS 946 Pleasant Estates D.
CITY-ST-ZIP Sarasota FL 34232

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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TITLE NAME ☐ Change ☐ Addition
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: Marcella M. Gilliland

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #