

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**  
04-24-2000 90016 049 \*\*\*150.00

C0070190



DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000019270

1. Entity Name

CLASSIC SUBARU, INC.

Principal Place of Business

Mailing Address

500 PARK AVENUE SOUTH  
WINTER PARK FL 32789

P.O. BOX 1720  
WINTER PARK FL 32790-1720

2. Principal Place of Business

301 S. ORLANDO AVE

Suite, Apt. #, etc.

SUITE 200

City & State

MAITLAND, FL

Zip

32751

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3430109

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, PAMELA O  
201 E PINE STREET  
SUITE 1200  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

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

201 E. PINE STREET, SUITE 1200

City  
ORLANDO,

FL

Zip Code  
32801

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

Richard M. Robinson

4/6/00

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

TITLE	DPS	<input type="checkbox"/> Delete
NAME	HOLLER, ROGER W JR	
STREET ADDRESS	500 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLLER, ROGER W III	
STREET ADDRESS	500 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLLER, CHRISTOPHER A	
STREET ADDRESS	500 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HOLLER, JULIETTE E	
STREET ADDRESS	500 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	HOLLER, JULIETTE A	
STREET ADDRESS	500 PARK AVENUE SOUTH	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	301 S. ORLANDO AVE., SUITE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	301 S. ORLANDO AVE., SUITE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	301 S. ORLANDO AVE., SUITE 200
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DVT
STREET ADDRESS	JULIETTE E. HOLLER-ROGERS
CITY-ST-ZIP	301 S. ORLANDO AVE., SUITE 200
	MAITLAND, FL 32751
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

Date

Daytime Phone #

CR2E034 (9/99)