## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED DOCUMENT # P97000057280 Mar 03, 2000 8:00 am **Secretary of State** BILL HEARD CHEVROLET CORPORATION-ORLANDO 03-03-2000 90255 008 \*\*\*150.00 Principal Place of Business Mailing Address 200 BROOKSTONE PARKWAY 200 BROOKSTONE PARKWAY SUITE 205 SUITE 205 COLUMUBUS GA 31904 COLUMUBUS GA 31904 2. Principal Place of Business 3. Mailing Address 3455 ON Ando 3455 Or Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 62-1696926 2) TOREX Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 3277 4, mst Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 • 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Via Rosiles D/P ☐ Change Addition ☐ Delete TITLE TITLE Joseph Ruth NAME HÉARD. WILLIAM T NAME STREET ADDRESS 3455 DN md STREET ADDRESS 200 BROOKSTONE PKWY #205 32771 CITY-ST-7IP BaotoRd CITY-ST-ZIP **COLUMBUS GA 31904** ☐ Change Addition V TITLE ☐ Delete TITLE NAME Fèldner, ronald a NAME STREET ADDRESS 200 BROOKSTONE PKWY #205 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **COLUMBUS GA 31904** ☐ Delete TITLE Change ☐ Addition YOUNG, RICHARD M NAME NAME STREET ADDRESS STREET ADDRESS 200 BROOKSTONE PKWY #205 CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA 31904 Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIF ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 ampowered.