

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 01, 2001 8:00 am**  
**Secretary of State**

08-01-2001 90201 031 \*\*\*558.75

**DOCUMENT # P97000057280**

1. Entity Name

**BILL HEARD CHEVROLET CORPORATION-ORLANDO**

Principal Place of Business

**3455 ORLANDO DRIVE  
 SANFORD FL 32771**

Mailing Address

**3455 ORLANDO DRIVE  
 SANFORD FL 32771**

**00074669**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**127 North Oregon St**

Suite, Apt. #, etc.

3. Mailing Address

**127 North Oregon St**

Suite, Apt. #, etc.

City & State

**Sanford, FL**

City & State

**Sanford, FL**

4. FEI Number

**62-1696926**

Applied For

Not Applicable

Zip

**32771**

Country

**Seminole**

Zip

**32771**

Country

**Seminole**

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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 ☐ Delete  
 NAME **DP HEARD, WILLIAM T**  
 STREET ADDRESS **200 BROOKSTONE PKWY #205**  
 CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE ☐ Delete  
 NAME **DS FELDNER, RONALD A**  
 STREET ADDRESS **200 BROOKSTONE PKWY #205**  
 CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE ☐ Delete  
 NAME **D YOUNG, RICHARD M**  
 STREET ADDRESS **200 BROOKSTONE PKWY #205**  
 CITY-ST-ZIP **COLUMBUS GA 31904**

TITLE ☐ Delete  
 NAME **VP RUTH, JOSEPH**  
 STREET ADDRESS **3455 ORLANDO DRIVE**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME **T PENTALOW, JAMES H**  
 STREET ADDRESS **3455 ORLANDO DRIVE**  
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

**James H. Pentalow 7/27/01 (407) 382-5704**

CR2E034 (5/01)