

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**  
 05-08-2000 90124 014 \*\*\*150.00

DOCUMENT # P99000039181

1. Entity Name

Lube Management Company

|  |   |
|--|---|
| Principal Place of Business                          | Mailing Address   |
| 169 S. Roscoe Road<br>Ponte Vedra Beach, FL<br>32082 | 169 South Roscoe Road<br>Ponte Vedra Beach, FL<br>32082 |

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  
59-3574161

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

C0084337

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

Intrastate Registered Agent Corporation  
 701 Brickell Avenue, Suite 3000  
 Miami, FL 33131

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          | D                           | <input type="checkbox"/> Delete |
| NAME           | Fowler, Terry L.            |                                 |
| STREET ADDRESS | 169 S. Roscoe Road          |                                 |
| CITY-ST-ZIP    | Ponte Vedra Beach, FL 32082 |                                 |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          |                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 7882 James Island Way  |  |
| STREET ADDRESS | Jacksonville, FL 32256 |  |
| CITY-ST-ZIP    |                        |  |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | Schwind, William G.         |                                 |
| STREET ADDRESS | 169 S. Roscoe Road Blvd.    |                                 |
| CITY-ST-ZIP    | Ponte Vedra Beach, FL 32082 |                                 |

|                |                     |  |
|----------------|---------------------|--|
| TITLE          |                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 169 S. Roscoe Blvd. |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | D                           | <input type="checkbox"/> Delete |
| NAME           | Cahoon, Arthur L.           |                                 |
| STREET ADDRESS | 169 S. Roscoe Road          |                                 |
| CITY-ST-ZIP    | Ponte Vedra Beach, FL 32082 |                                 |

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          |                                 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | 1200 Riverplace Blvd, Suite 902 |  |
| STREET ADDRESS | Jacksonville, FL 32207          |  |
| 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    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 904-613-2277  
 Date Daytime Phone #

CR2E034 (9/99)