

2000 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
May 12, 2000 8:00 am
Secretary of State
 03-30-2000 90010 027 ***150.00

DOCUMENT # P99000105810

1. Entity Name

MANATEE MOTORS OF JACKSONVILLE, INC.

Principal Place of Business

**4854 SAN JUAN AVENUE
 JACKSONVILLE FL 32210**

Mailing Address

**4854 SAN JUAN AVENUE
 JACKSONVILLE FL 32210**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3615217

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

**HELD, EDWIN W JR.
 4854 SAN JUAN AVENUE
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

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

1301 Riverplace Blvd., Suite 1916

City

Jacksonville

FL

Zip Code

32207

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

Edwin W. Held, Jr.

Edwin W. Held, Jr.

3/11/00

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 **D** ☐ Delete
 NAME **SEBASTIAN, WILLIAM**
 STREET ADDRESS **4854 SAN JUAN AVENUE**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
 NAME **William Sebastian**
 STREET ADDRESS **4854 San Juan Avenue**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **T** ☐ Change ☒ Addition
 NAME **William Sebastian**
 STREET ADDRESS **4854 San Juan Avenue**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **S** ☐ Change ☒ Addition
 NAME **Michael Busson**
 STREET ADDRESS **5039 Timaquana Road, #121**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE **VP** ☐ Change ☒ Addition
 NAME **Alan H. Dean**
 STREET ADDRESS **4854 San Juan Avenue**
 CITY-ST-ZIP **Jacksonville, Florida 32210**

TITLE ☐ Change ☐ Addition
 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: *William Sebastian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-00

Date

904-384-3191

Daytime Phone #

CR2E034 (9/99)