

2000 UNIFORM BUSINESS REPORT (UBR)

05362

DOCUMENT # S10694**1. Entity Name**

ROGER DEAN BUICK-GMC TRUCK, INC.

FILED

00 MAR -7 AM 11:53

Principal Place of BusinessS US 1
PIERCE FL 34902**Mailing Address**2235 S US 1
FORT PIERCE FL 34902-7565
US2235 Okeechobee Boulevard
West Palm Beach Florida 33409
USSECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**Zip****Country**City & State
West Palm Beach FloridaZip
33409**Country**

U.S.

4. FEI Number 65-0226723**Applied For**

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required**6. Name and Address of Current Registered Agent**GOLDSTEIN, RICHARD M.
2 S BISCAYNE BLVD
SUITE 3250
MIAMI FL 33131**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 resigning)

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	PSD	☒ Delete
NAME	DEAN, ROGER	
STREET ADDRESS	5255 S US 1	
CITY-ST-ZIP	PIERCE FL	
TITLE	VTD	☐ Delete
NAME	DEAN, PATRICIA	
STREET ADDRESS	5255 S. U.S. 1	
CITY-ST-ZIP	FT PIERCE FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Treasurer, Director	☒ Change ☐ Addition
NAME	Dean, Patricia	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE	Vice President	☐ Change ☒ Addition
NAME	Collins, Harry	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE	Secretary / Director	☐ Change ☒ Addition
NAME	Sotter, Julie	
STREET ADDRESS	2235 Okeechobee Boulevard	
CITY-ST-ZIP	West Palm Beach FL 33409	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SP

CR2E034 (9/99)

12. 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:**PATRICIA B DEAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-2000

Date

561-683-8100

Daytime Phone #