

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90264 049 ***150.00

DOCUMENT # S36835

1. Entity Name
ANTIQUE & CLASSIC AUTOMOBILE CLUB OF SEMINOLE C

Principal Place of Business P.O. BOX 0560 SANFORD FL 32772	Mailing Address P.O. BOX 0560 SANFORD FL 32772-0560
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3056016** Applied For
 Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCOTT, MARY E
715 OAKWAY
SANFORD FL 32773

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 _____ (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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
P	SCOTT, DAVID R 715 OAKWAY SANFORD FL		
T	DANOPIK, JOYCE 137 FLORENCE BLVD DEBARY FL	ADDRESS CHANGE	1390 W. N.Y. AV. ORANGE CITY, FL. 32763
S	SCOTT, MARY 715 OAKWAY SANFORD FL	S	GARY BUDDENHAGEN 501 MYRTLE ST. SANFORD, FL. 32773
VP	MISLEWICH, MIKE 137 FLORENCE BLVD DEBARY FL		
C	PARTRIDGE, MARCELLE 801 E. 14TH ST. SANFORD FL		

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: *Joyce Danopik* 1/10/00 904-774-8262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)