

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S36835

1. Entity Name

ANTIQUE & CLASSIC AUTOMOBILE CLUB OF SEMINOLE C

FILED

Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90013 030 ***150.00

Principal Place of Business

P.O. BOX 0560
SANFORD FL 32772

Mailing Address

P.O. BOX 0560
SANFORD FL 32772

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 59-3056016

☒ Applied For
☐ Not Applicable

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

Name DAVID R. SCOTT

Street Address (P.O. Box Number is Not Acceptable)
4605 HARD ROCK COVE

SANFORD, FL.

City

FL 32773

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

David R. Scott

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/10/01

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, 2001 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 P
NAME SCOTT, DAVID R
STREET ADDRESS 715 OAKWAY
CITY-ST-ZIP SANFORD FL ☐ Delete

TITLE
NAME
STREET ADDRESS 4605 HARD ROCK COVE
CITY-ST-ZIP SANFORD, FL. 32773 ☐ Change ☐ Addition

TITLE T
NAME DANOPUK, JOYCE
STREET ADDRESS 1390 W. NY AVE
CITY-ST-ZIP ORANGE CITY FL 32763 ☐ Delete

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

TITLE S
NAME BUDDENHAGEN, GARY
STREET ADDRESS 501 MYRTLE ST.
CITY-ST-ZIP SANFORD FL 32773 ☒ Delete

TITLE
NAME SECRETARY
STREET ADDRESS RED SCOTT, MARY
CITY-ST-ZIP P.O. BOX 560
SANFORD, FL. 32772 ☒ Change ☐ Addition

TITLE VP
NAME MISLEWICH, MIKE
STREET ADDRESS 137 FLORENCE BLVD
CITY-ST-ZIP DEBARY FL ☒ Delete

TITLE
NAME VP
STREET ADDRESS GRIFFIN, LARRY
CITY-ST-ZIP 131 Pinecrest DR
SANFORD, FL. 32773 ☒ Change ☐ Addition

TITLE C
NAME PARTRIDGE, MARCELLE
STREET ADDRESS 801 E. 14TH ST.
CITY-ST-ZIP SANFORD FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 Danopuk

JOYCE DANOPUK

1/10/01

904-774-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0477367