

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 14, 2002 8:00 am**  
**Secretary of State**

01-14-2002 90022 043 \*\*\*150.00

MOORE AV

**DOCUMENT # S36835**

1. Entity Name  
**ANTIQU & CLASSIC AUTOMOBILE CLUB OF SEMINOLE C  
 UNTY, INC.**

Principal Place of Business P.O. BOX 0560 SANFORD FL 32772	Mailing Address P.O. BOX 0560 SANFORD FL 32772
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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, DAVID A**  
**4605 HARD ROCK COVE**  
**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SCOTT, DAVID R</b>	
STREET ADDRESS	<b>4605 HARD ROCK COVE</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DANOPIK, JOYCE</b>	
STREET ADDRESS	<b>1390 W. NY AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY FL 32763</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>SCOTT, MARY</b>	
STREET ADDRESS	<b>P.O. BOX 560</b>	
CITY-ST-ZIP	<b>SANFORD FL 32772</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, LARRY</b>	
STREET ADDRESS	<b>131 PINECREST DR</b>	
CITY-ST-ZIP	<b>SANFORD FL 32773</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PARTRIDGE, MARCELLE</b>	
STREET ADDRESS	<b>801 E. 14TH ST.</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANOPIK, JOYCE</b>	
STREET ADDRESS	<b>1390 W. NY AVE</b>	
CITY-ST-ZIP	<b>ORANGE CITY, FL. 32763</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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 DANOPIK**

386-774-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)