

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S94208

1. Entity Name

KING MOTOR CENTER OF DEERFIELD, INC.

Principal Place of Business

1441 S. FEDERAL HWY  
DEERFIELD BEACH FL 33441

Mailing Address

700 E. SUNRISE BLVD.  
FT LAUDERDALE FL 33304-2710

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

65-0350734

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

KING, W. CLAY  
700 E. SUNRISE BLVD.  
FT. LAUDERDALE FL 33324

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 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

TITLE PD  
NAME KING, W. CLAY  
STREET ADDRESS 1441 S. FEDERAL HWY  
CITY-ST-ZIP DEERFIELD BEACH FL



TITLE V  
NAME FRANCIS, KIRK J.  
STREET ADDRESS 1441 S. FEDERAL HWY  
CITY-ST-ZIP DEERFIELD BEACH FL



TITLE VD  
NAME APPLEBY, EDWARD  
STREET ADDRESS 441 S. FEDERAL HWY  
CITY-ST-ZIP DEERFIELD BEACH FL



TITLE VS  
NAME GALE, JEFFREY M  
STREET ADDRESS 700-900 E SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL 33304



TITLE TS  
NAME FRIEDER, RONALD J  
STREET ADDRESS 700 E SUNRISE BLVD  
CITY-ST-ZIP FT LAUDERDALE FL



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



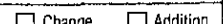
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



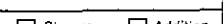
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



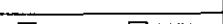
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



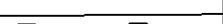
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP



TITLE  
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:

*W. A. KATZ*  
DIRECTOR OF CORPORATE ACCOUNTING

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-00

Date

954-527-3713

Daytime Phone #

CR2E034 (9/99)

**FILED**  
**May 09, 2000 8:00 am**  
**Secretary of State**

05-09-2000 90063 025 \*\*\*158.75



DO NOT WRITE IN THIS SPACE