

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 24, 2000 08:00 AM****Secretary of State****DOCUMENT # V70206****1. Entity Name**

DON MEALEY OLDSMOBILE, INC.

**Principal Place of Business**350 S. LAKE DESTINY DR.  
SUITE 200  
ORLANDO  
32810

FL

**Mailing Address**110 SE 6TH STREET  
20TH FLOOR  
FT LAUDERDALE  
33301

FL

**2. Principal Place of Business**

3707 WEST COLONIAL DRIVE

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

ORLANDO

FL

**City & State**

FT LAUDERDALE

**Zip**

32808

**Country**

US

**Zip**

33301

**Country**

US

**4. FEI Number**

59-3172140

**Applied For**

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**CT CORPORATION SYSTEM  
1200 S PINE ISLAND RDPLANTATION  
33324

FL

US

**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 reinstating)

04/24/2000

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
T	HYLE KATHLEEN W	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
ASAT	PEACOCK W. WARNER	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
V	HIGGINBOTHAM RONALD	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MEALEY DONALD C	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
DVS	COLE JAMES O	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	HAWKINS THOMAS W	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301	

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
T	BOURHIS MARC L	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
VS	FERRANDO JONATHAN P	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	FERRANDO JONATHAN P	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
D	MAROONE MICHAEL E	110 SE 6TH ST, 20TH FLOOR	FT LAUDERDALE FL 33301		

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: JONATHAN P. FERRANDO

S. 04/24/2000