2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # V70206 1. Entity Name DON MEALEY OLDSMOBILE, INC.						FILED May 01, 2001 08:00 AM Secretary of State				
Principal Plac	e of Business DONIAL DRIVE	Mailing Address							-	
ORLANDO 32808	FL	20TH FLOOR FT LAUDERDALE 33301		FL						
2. Principal P	face of Business	3. Mailing Address							-	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT W	RITE IN THIS	SPACE	–	
City & State		City & State				FEI Number			pplied For	Ì
Zip	Country	Zip	Coun	try		59-3172140 Certificate of Status Desired	 □	\$8.75 Ad		-
	6. Name and Address of Current Re	egistered Agent		·	7	. Name and Address of Nev	v Pagistared	Fee Require	ed	-
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD					KE	NNETH B Box Number is Not Accepta		Agent		_
PLANTATIO 33324	ON FL US			20TH FLO	OOR			Zip Cod	de	_
	named entity submits_this statement for t				UDERDA		FL	33301		
Tax filing r	KENNETH B. ROLLIN Signature, typed or printed name of registered agent and prattion is eligible to satisfy its Intangible equirement and elects to do so. ria on back)		FEE 1 Fee	will be \$5	0	10. Election Campaign Trust Fund Contribu	DATE Financing		00 May Be	1
11.	OFFICERS AND DI	RECTORS	12.		·····	ADDITIONS/CHANGES TO C	FFICERS AND	DIRECTOR	RS IN 11	┨
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOURHIS MARC L 110 SE 6TH ST, 20TH FLOOR FT LAUDERDALE	☐ Delete						☐ Change	☐ Addition	:034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FERRANDO JONATHAN P 110 SE 6TH ST, 20TH FLOOR FT LAUDERDALE	☐ Delete _ ,					· · ·	Change	Addition	CR2E
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEALEY DONALD C 110 SE 6TH ST, 20TH FLOOR FT LAUDERDALE	Delete				R JIM TH ST, 20TH FLOOR DERDALE	FL	X Change 33301	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRANDO JONATHAN P 110 SE 6TH ST, 20TH FLOOR FT LAUDERDALE	☐ Delete FL 33301						Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAROONE MICHAEL E 110 SE 6TH ST, 20TH FLOOR FT LAUDERDALE	☐ Delete		·				Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-	et adoress -st-zip				☐ Change	☐ Addition	
of the cor		ue and accurate and that my ered to execute this report a h all other like empowered. NDO	s requir	ture shall ha red by Chap	va tha con	na jagal attact se if mada undu	ar aath: that l	am an affica	r or director	
	SIGNATURE AND TYPED OR PRIM	ITED NAME OF SIGNING OFFICER OF	RDIRECT	OR		Date	- 1	Daytime Phone #		}

Date

Daytime Phone #