

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001717

1. Entity Name

**MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SE**

Principal Place of Business

Mailing Address

P O BOX 350267  
JACKSONVILLE FL 32225-0267

P O BOX 350267  
JACKSONVILLE FL 32235-0267

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

**59-3444820**

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

**LEEDY, DAVID B**  
**3101 SOUTHERN HILLS CIRCLE, WEST**  
**JACKSONVILLE FL 32225-4665**

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P**  Delete  
NAME **LABELLE, STEVEN**  
STREET ADDRESS **10135 GATE PKY #510**  
CITY-ST-ZIP **JACKSONVILLE FL 32246**

TITLE  Change  Addition  
NAME **John D. Zoller, President**  
STREET ADDRESS **10113 Whipcorwill Dr.**  
CITY-ST-ZIP **Jacksonville, FL 32256**

TITLE **VP**  Delete  
NAME **ZOLLER, JOHN D**  
STREET ADDRESS **10010 BELLE RIVE BLVD**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE  Change  Addition  
NAME **Dennis Cleary, Vice Pres.**  
STREET ADDRESS **112 Cypress Lndg.**  
CITY-ST-ZIP **Jacksonville FL 32259**

TITLE **S**  Delete  
NAME **HAGA, P.B.**  
STREET ADDRESS **4638 WADHAM LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32210-8146**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T**  Delete  
NAME **RAND, JOHN W JR**  
STREET ADDRESS **2046 BROAD OAK DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32225-2424**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **COSTA, ARTHUR A SR**  
STREET ADDRESS **3804 VILLA SAN JOSE DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D**  Delete  
NAME **LEEDY, DAVID B**  
STREET ADDRESS **3101 SOUTHERN HILLS CIR. WEST**  
CITY-ST-ZIP **JACKSONVILLE FL 32225-4665**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John W. Rand Jr.* **REQUIRED** John W. Rand Jr. 1-14-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90235 023 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)

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642-4444