

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90048 002 \*\*\*\*61.25

**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 32225-0267

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



DO NOT WRITE IN THIS SPACE

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 **John W. Rand, Jr.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2046 Broad Oak Dr.**  
 City **Jacksonville** FL Zip Code **32225**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ZOLLER, JOHN B</b> <b>10113 WHIPPERWILL DR.</b> <b>JACKSONVILLE FL 32258</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>CLEARY, DENNIS</b> <b>112 CYPRESS LNDG</b> <b>JACKSONVILLE FL 32259</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>HAGA, P.B.</b> <b>4638 WADHAM LN</b> <b>JACKSONVILLE FL 32210-8146</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RAND, JOHN W JR</b> <b>2046 BROAD OAK DR</b> <b>JACKSONVILLE FL 32225-2424</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COSTA, ARTHUR A SR</b> <b>3804 VILLA SAN JOSE DR</b> <b>JACKSONVILLE FL 32217</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEEDY, DAVID B</b> <b>3101 SOUTHERN HILLS CIR. WEST</b> <b>JACKSONVILLE FL 32225-4665</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Cleary, Dennis</b> <b>112 Cypress Lndg</b> <b>Jacksonville, FL, 32259</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V.P.</b> <b>Alex Randall, III</b> <b>12556 Richards Rook Lane</b> <b>Jacksonville, FL, 32246</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>John Zoller</b> <b>7957 Deerwood Point Ct.</b> <b>Jacksonville, FL, 32256</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE:

*John W. Rand, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**John W. Rand, Jr.** **Jan 6, 2001**

Date

Daytime Phone #

**904**  
**642-4414**

CR2E037 (10/00)