

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90539 044 \*\*\*\*61.25

**DOCUMENT # N97000001717**

1. Entity Name  
**MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SE  
CTION, INC.**



Principal Place of Business      Mailing Address  
**P O BOX 350267      P O BOX 350267**  
**JACKSONVILLE FL 32225-0267      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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAND, JOHN W JR**  
**2046 BROAD OAK DRIVE**  
**JACKSONVILLE FL 32225**

7. Name and Address of New Registered Agent

Name **Butler, Frances S.**  
Street Address (P.O. Box Number is Not Acceptable)  
**2950 Shady Dr**  
City **Jacksonville** FL Zip Code **32257**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Frances S. Butler (Frances S. Butler) DATE 01/12/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>RANDALL, ALEX III</b> <b>12556 RICHARDS ROOK LANE</b> <b>JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>STAGL, FRANK</b> <b>808 PATRICIA AVE</b> <b>ST MARYS GA 31550</b> <input 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>RANO, 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>MORRISON, CHARLES</b> <b>2166 BRIGHTON BEY TRAIL WEST</b> <b>JACKSONVILLE FL 32246</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CLEARY, DENNIS</b> <b>112 CYPRESS LANDING</b> <b>JACKSONVILLE FL 32259</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>Parmenter, Ken</b> <b>2941 Amelia Dr</b> <b>Jacksonville, FL 32257</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	<b>T</b> <b>Butler, Frances S.</b> <b>2950 Shady Dr</b> <b>Jacksonville, FL 32257</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	<b>D</b> <b>Carter, Sam</b> <b>589 Golden Links Dr</b> <b>Orange Park, FL 32073</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 like empowered.

SIGNATURE: Frances S. Butler (Frances S. Butler) DATE 1/12/03 904-733-5464

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (10/02)