1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 706124

1. Corporation Name

TAMPA NEW AUTO DEALERS ASSOCIATION, INC.

Principal Place of Business 4907 LYFORD CAY ROAD **TAMPA FL 33629**

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

26

4907 LYFORD CAY ROAD **TAMPA FL 33629**

FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90161 011 ****61.25



3. Date Incorporated or Qualifed

09/06/1963

4. FEI Number

22		27	27						59-1059589			No	t Applicable		
City & State				City & State							Contiference of Status Desired		\$8.75 A	dditional	
23				28						5. Certifcate of Status Desired		rea 📋	Fee Required		
Zip		7	Zip Cou			ntry	try		6.	Election Campaign Finar	ncing	\$5.00	May Be		
24	29 30										Trust Fund Contribution		Added to	o Fees	
9. Name and Address of Current Registered Agent										10.	Name and Address of	New Regist	ered Agent		
							81	Name							
ADAMS, JAMES D.								Street	eet Address (P.O. Box Number is Not Acceptable)						
7300 W. CAMINO REAL							82	Oligot Addition (i. 10), DOV Hallings in 1401 Modeland							
SUITE 224 BOCA RATON FL 33433															
								0:4					85 Zip C	'ode	
								City	"' FL						
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered															
office or r	egistered agent m familiar with.	t, or both, in the State of and accept the obligat	or Flor ions c	ida. Such cl f, Section 6	nange was au 17.0503, Flori	imonzec ida Stati	ı by 1 utes.	пе согр	orauon	2 NO:	and or directors, rinereby	accept tile	appointment do 16	3.01.0100	
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.															
SIGNATURE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS IN 12														
12.		OFFICERS AN	D DIR			13.			···	Α	ADDITIONS/CHANGES T	O OFFICER		RS IN 12	
TITLE	ST DELETE					1.1 T(TLE		P) Change	☐ Addition	
NAME	GINOTO, TURES IT							1.2 NAME						ļ	
STREET ADDRESS	ESS 4400 N DALE MABRY HWY							1.3 STREET ADDRESS			22617				
CITY-ST-ZIP	17477777						1.4 CITY-ST-ZIP		<u> </u>		33614			VV.	
TITLE	P			K	X DELETE	2.1 77	ηE		ST		TT 7		☐ Change	X Addition	
NAME	LONG, BILL					2.2 N	WE		Je	rry	y Ulm, Jr. N. Dale Mabry	т Нълът			
STREET ADDRESS	ss 11024 N FLORIDA AVE					2.3 STRE					a, FL 33622	y liwy.			
CITY-ST-ZIP	TAMPA FL 3	33612				2.4C	πY-S1	r-ZIP	1a	шþа	a, FL 33022			VV	
TITLE	VP			¥	DELETE	3.1 TI	TLE		D		a		☐ Change	4 Addition	
NAME	PARKS, ROI	NALD		3.2 N			2 (WINL				n Smith	•			
STREET ADDRESS	5804 N DALE MABRY HWY										ark Ridge Road				
CITY-ST-ZIP	TAMPA FL 3	33614				3.4. C	ITY-S	T-ZIP		nt	City, FL 33	566			
TITLE	D				DELETE	4,1 T)	TLE		VP				XXChange XX	Addition	
NAME	GOMEZ, JR.	. E				4. 2 N	AME								
STREET ADDRESS	9751 ADAM	o dr				4.3 ST	REET	ADDRESS	1					l	
CITY-ST-ZIP	TAMPA FL 3	33619				4.4 CI	TY-ST	-ŻIP	ļ			_			
TITLE	EVP	<u> </u>			DELETE	5.1 TT							Change	Addition	
NAME	WILSON, GE	eorge o. III				5.2 N/			1					{	
STREET ADDRESS	4907 LYFOR	RD CAY ROAD				5.3 ST	REET	ADDRESS							
CITY-ST-ZIP	TAMPA FL					_	TY-ST	-ZIP	<u> </u>						
TITLE	D				DELETE	6.1 ₮₮							Change	Addition	
NAME	THATCHER,	WALT				6.2 N	AME		1					Ì	
STREET ADDRESS	5815 N DAL	E MABRY HWY				6.3 S1	TREET	ADDRESS					•		
CITY_ST_7IP	TAMPA FL S					6.4 CI	TY-\$1	-ZIP							

14. 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 annual report or supplemental annual 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 12 or Block 13 if changes of an attachment with an address, with all other like empowered.

SIGNATURE:

Applied For

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