

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90004 037 ****61.25

DOCUMENT # 706124

1. Entity Name

TAMPA NEW AUTO DEALERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4907 LYFORD CAY ROAD
 TAMPA FL 33629

4907 LYFORD CAY ROAD
 TAMPA FL 33629-4828

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

59-1059589

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

ADAMS, JAMES D.
7300 W. CAMINO REAL
SUITE 224
BOCA RATON FL 33433

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: **GHIOTO, RALPH**
 STREET ADDRESS: **4400 N DALE MABRY HWY**
 CITY-ST-ZIP: **TAMPA FL 33614**

TITLE: **D** Change Addition
 NAME: **RON PARKS**
 STREET ADDRESS: **10505 N. FLORIDA AVE.**
 CITY-ST-ZIP: **TAMPA FL 33612**

TITLE: **ST** Delete
 NAME: **ULM, JERRY JR**
 STREET ADDRESS: **2966 N. DALE MABRY HWY**
 CITY-ST-ZIP: **TAMPA FL 33622**

TITLE: **D** Change Addition
 NAME: **William Long**
 STREET ADDRESS: **11024 N. FLORIDA AVE.**
 CITY-ST-ZIP: **TAMPA FL 33612**

TITLE: **D** Delete
 NAME: **SMITH, MARION**
 STREET ADDRESS: **502 PARK RIDGE ROAD**
 CITY-ST-ZIP: **PLANT CITY FL 33566**

TITLE: Change Addition
 NAME: Change Addition

TITLE: **VP** Delete
 NAME: **GOMEZ, JR. E**
 STREET ADDRESS: **9751 ADAMO DR**
 CITY-ST-ZIP: **TAMPA FL 33619**

TITLE: **P** Change Addition
 NAME: Change Addition

TITLE: **EVP** Delete
 NAME: **WILSON, GEORGE O. III**
 STREET ADDRESS: **4907 LYFORD CAY ROAD**
 CITY-ST-ZIP: **TAMPA FL**

TITLE: Change Addition
 NAME: Change Addition

TITLE: **D** Delete
 NAME: **THATCHER, WALT**
 STREET ADDRESS: **5815 N DALE MABRY HWY**
 CITY-ST-ZIP: **TAMPA FL 33614**

TITLE: **V** Change Addition
 NAME: Change 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: *George O. Wilson III*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000 813-286-0245
 Date Daytime Phone #

CR2E037 (9/99)