

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 08, 2002 8:00 am**  
**Secretary of State**

0041287

**DOCUMENT # 706124**

1. Entity Name

**TAMPA NEW AUTO DEALERS ASSOCIATION, INC.**

04-08-2002 90253 017 \*\*\*\*61.25

Principal Place of Business

Mailing Address

4907 LYFORD CAY ROAD  
 TAMPA FL 33629

4907 LYFORD CAY ROAD  
 TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3203 Bayshore Blvd.**

3. Mailing Address

**3203 Bayshore Blvd.**

Suite, Apt. #, etc.

**The Strvall, #1002**

Suite, Apt. #, etc.

**The Strvall, #1002**

City & State

**Tampa FL**

City & State

**TAMPA FL**

4. FEI Number

**59-1059589**

Applied For

Not Applicable

Zip

**33629**

Country

**USA**

Zip

**33629**

Country

**USA**

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

**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 **D**  Delete  
 NAME **PARKS, RON**  
 STREET ADDRESS **10505 N FLORIDA AVE**  
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **ST**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 Mather**  
 STREET ADDRESS **2900 Jim Fredman Pkwy**  
 CITY-ST-ZIP **Plant City FL 33506**

TITLE **D**  Delete  
 NAME **GHIOTO, RALPH III**  
 STREET ADDRESS **4400 N DALE MABRY HWY**  
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **V**  Delete  
 NAME **LOVEJOY, BILL**  
 STREET ADDRESS **7814 N DALE MABRY HWY**  
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE **P**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE **V.**  Change  Addition  
 NAME **Michael Whitley**  
 STREET ADDRESS **1300 N. Florida Ave.**  
 CITY-ST-ZIP **TAMPA FL 33612**

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* **George O. Wilson III 3/24/2002 813-837-1114**

CR2E037 (9/01)