


FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91436 022 \*\*\*\*61.25

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

DOCUMENT # 706124

1. Entity Name  
TAMPA NEW AUTO DEALERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address

3203 BAYSHORE BLVD      3203 BAYSHORE BLVD  
THE STOVALL #1002      THE STOVALL #1002  
TAMPA, FL 33629 US      TAMPA, FL 33629 US

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For

59-1059589      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ADAMS, JAMES D.  
7300 W. CAMINO REAL  
SUITE 22A  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

A. 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 \_\_\_\_\_ DATE \_\_\_\_\_

8. 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      11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |
|--|---|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>PARKS, RON<br>10605 N FLORIDA AVE<br>TAMPA, FL 33612 <input checked="" type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP<br>Rodgers, Kelly<br>11333 N. FLORIDA AVE.<br>TAMPA FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MATHER, WILLIAM<br>2900 JIM REDMAN PKWY<br>PLANT CITY, FL 33566 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | S, T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>GHOTO, RALPH BI<br>4400 N DALE MABRY HWY<br>TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Thatcher, Walter<br>9815 N. Dale Mabry Hwy.<br>TAMPA FL 33614 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>LOVEJOY, BILL<br>7814 N DALE MABRY HWY<br>TAMPA, FL 33614 <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | D<br>Elder, Robert<br>320 E. Fletcher Ave.<br>TAMPA FL 33612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | EVP<br>WILSON, GEORGE O. III<br>4907 LYFORD CAY ROAD<br>TAMPA, FL <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>3203 Bayshore Blvd #1002<br>TAMPA FL 33629-1707                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WHITLEY, MICHAEL<br>1300 N FLORIDA AVE<br>TAMPA, FL 33612 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | P <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(2)(f), 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 017, 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 the empowered.

SIGNATURE: George O Wilson III      George O Wilson III      4/24/03      813 837-1114

10000374



CHECK HERE IF MAKING CHANGES

CFR037 (10/02)