

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

FILED
Sep 15, 2003 8:00 am
Secretary of State

04-03-2003 90196 029 ****61.25
09-15-2003 90159 001 ****61.25

DOCUMENT # N29589

1. Entity Name
TAMPA BAY ANTIQUE VEHICLE ASSOCIATION, INC.



Principal Place of Business
**LUTZ CENTER
100 1ST NW
LUTZ FL 33549
US**

Mailing Address
**P.O. BOX 1321
LUTZ FL 33549**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2890954** Applied For
Not Applicable

Zip Country Zip Country

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

**VANN, JERALD
2801 ROBERTSON TRAIL
LUTZ FL 33549**

Name **GARCIA, JOHN E.**
Street Address (P.O. Box Number is Not Acceptable) **18145 CROOKED LANE**
City **Lutz** FL Zip Code **33548**

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 *John E. Garcia*

DATE **08-14-03**

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
After September 10, 2003, min will be \$236.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **LODATA, SANDY**
STREET ADDRESS **7504 N GLEN**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP → P** Delete
NAME **GARCIA, JOHN E.**
STREET ADDRESS **18945 CROOKED LANE**
CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **WEAVER, PAT**
STREET ADDRESS **15401 LAKESHORE VILLA LANE**
CITY-ST-ZIP **TAMPA FL 33613**

TITLE **(S) GLAZE, Deloris** Change Addition
NAME **9602 HAGADORN RD. Hagadorn**
STREET ADDRESS **Riverview, FL 33569**
CITY-ST-ZIP

TITLE **D - T** Delete
NAME **CICCARELLO, SONIA**
STREET ADDRESS **4540 W CLIFTON AVE**
CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **NUNEZ, TOMAS**
STREET ADDRESS **802 W OHIO AVE**
CITY-ST-ZIP **TAMPA FL 33603**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GLAZE, LEROY**
STREET ADDRESS **1508 TOUCH TON RD**
CITY-ST-ZIP **LUTZ FL 33548**

TITLE **(Editor)** Change Addition
NAME **Jimenez, Stella**
STREET ADDRESS **14814 DARTMOOR LANE**
CITY-ST-ZIP **TAMPA, FL 33624**

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 empowers.

SIGNATURE: *John E. Garcia* SIGNATURE RECEIVED

DATE **08-14-03** 813-928-3199

CR2E037 (4/03)