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N44637

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 AUG 23 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N44637

1. Corporation Name  
LIMOUSINE ASSOCIATION OF TAMPA BAY, INC.

Principal Place of Business  
5982 106TH TERR N  
SUITE 210  
PINELLAS PARK FL 33782  
US

Mailing Address  
P O BOX 26122  
TAMPA FL 33629-6122  
US



2. Principal Place of Business 21 1408 N. Westshore Blvd Suite, Apt. #, etc. 22 SUIT 906 City & State 23 TAMPA FL Zip 24 33607	2a. Mailing Address 26 P.O. BOX 26122 Suite, Apt. #, etc. 27 City & State 28 TAMPA FL Zip 29 33623-6122	3. Date Incorporated or Qualified 08/12/1991	4. FEI Number 59-0083827	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent MONGELLO, GUY 5982 106TH TERR N SUITE 210 PINELLAS PARK FL 33782 <i>Delete</i>	10. Name and Address of New Registered Agent 81 Name BRIAN J WAUGH 82 Street Address (P.O. Box Number is Not Acceptable) 407 S. ORION AVE 83 Clearwater FL 337 84 City FL 85 Zip Code 33765
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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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Brian J Waugh* DATE 8-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME CASTILLO, ORLANDO STREET ADDRESS 2414 S 46TH ST CITY-ST-ZIP TAMPA FL	<input checked="" type="checkbox"/> DELETE <i>please delete</i>	1.1 TITLE V.P. - D. 1.2 NAME BRIAN JAMES WAUGH 1.3 STREET ADDRESS 407 S. ORION AVE 1.4 CITY-ST-ZIP CLEARWATER FL 33765	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE DP NAME MONGELLO, GUY STREET ADDRESS 5982 106TH TERRACE N. CITY-ST-ZIP PINELLAS PARK FL	<input checked="" type="checkbox"/> DELETE <i>Delete</i>	2.1 TITLE PRES. 2.2 NAME JOHN PARKER. 2.3 STREET ADDRESS 1408 N. Westshore Blvd 2.4 CITY-ST-ZIP TAMPA FL 33607.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME PAPPALARDO, DENNIS STREET ADDRESS 2246 CORK OAK ST CITY-ST-ZIP SARASOTA FL	<input type="checkbox"/> DELETE	3.1 TITLE D 3.2 NAME KEN LANGE 3.3 STREET ADDRESS 5105 WEST CYPRESS 3.4 CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME MEKLER, IRVIN STREET ADDRESS 2992 FARNHAM WAY CITY-ST-ZIP CLEARWATER FL	<input checked="" type="checkbox"/> DELETE <i>Delete</i>	4.1 TITLE D 4.2 NAME DARIENE LANGE 4.3 STREET ADDRESS 5105 WEST CYPRESS 4.4 CITY-ST-ZIP TAMPA FL 33609	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BUTCHER, FRED STREET ADDRESS 12265 SHAFTON RD CITY-ST-ZIP SPRINGHILL FL	<input checked="" type="checkbox"/> DELETE <i>Delete</i>	5.1 TITLE D 5.2 NAME LONNIE WAUGH 5.3 STREET ADDRESS 1950 11th St S.W. 5.4 CITY-ST-ZIP LARGO FL 33778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME SHAW, DAVE STREET ADDRESS 1380 PASADENA AVE. CITY-ST-ZIP ST. PETERSBURG FL 33707	<input checked="" type="checkbox"/> DELETE <i>Delete</i>	6.1 TITLE D 6.2 NAME DIRETOR. 6.3 STREET ADDRESS 760 KOUTSOB 6.4 CITY-ST-ZIP 6721 MASS AVE. NEWPORT RICHEY, FL 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(b), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian J Waugh* SIGNATURE: BRIAN J WAUGH DATE: 1-23-99 DAYTIME PHONE: 727-447-4656

*please ADD.*

CR2037 (1/98)

**To Whom It May Concern:**

**Subject: Update nonprofit corporation annual  
report: Limousine Association of Tampa Bay Inc.**

**Please update document # N44637**

**FEI # 59-3083827**

**President/director**

**John Parker**

**1408 North westshore Blvd**

**Suit 906**

**Tampa, Fl 33607**

**Vice President/Director**

**Brian J Waugh**

**407 South Orion Ave**

**Clearwater Fl. 33765**

**Secretary/Director**

**Darlene Lange**

**5105 West Cypress Street**

**Tampa, Fl. 33607**

**Director**

**Ken Lange**

**5105 West Cypress Street**

**Tampa, Fl. 33607**

**Director**

**Lonnie Ward**

**1950 11<sup>th</sup> Street South**

**Tampa, FL. 33778**

**Director**

**Ted Koutsos**

**6121 Massachusetts Ave**

**New Port Richey, Fl. 34653**

**Director**

**Dennis Pappalardo**

**2246 Cork Oak Street**

**Sarasota, Fl. 34236**

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