

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2001 8:00 am
Secretary of State

0060262

DOCUMENT # N51259

1. Entity Name

GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION

03-14-2001 90492 027 ****61.25

Principal Place of Business

Mailing Address

4907 LYFORD CAY RD
 TAMPA FL 33629
 US

4907 LYFORD CAY RD
 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

59-3148462

Applied For

Not Applicable

Zip

Country

Zip

Country

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
% LAW OFFICE OF JAMES D ADAMS
7300 W CAMINO REAL #224
BOCA RATON FL 33433-9984

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 Delete
 NAME **P SMITH, BOB**
 STREET ADDRESS **27365 U.S. HWY 19 NORTH**
 CITY-ST-ZIP **CLEARWATER FL 33761**

TITLE Change Addition
 NAME **D Mueller, Ron**
 STREET ADDRESS **13525 U.S. Hwy 19 N**
 CITY-ST-ZIP **Clearwater, FL 33764**

TITLE Delete
 NAME **TS GOMEZ, EDWARD JR.**
 STREET ADDRESS **9751-ADAMO DRIVE**
 CITY-ST-ZIP **TAMPA FL 33619**

TITLE Change Addition
 NAME **D Smith, DeRt III**
 STREET ADDRESS **3800 34th St N**
 CITY-ST-ZIP **St Petersburg FL 33714**

TITLE Delete
 NAME **D MUELLER, RON**
 STREET ADDRESS **13525 U.S. HWY 19 NORTH**
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE Change Addition

TITLE Delete
 NAME **V DOUGLAS, WILLIAM**
 STREET ADDRESS **2500 34TH ST N**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE Change Addition

TITLE Delete
 NAME **D THATCHER, WALTER**
 STREET ADDRESS **5815 NORTH DALE MABRY HWY.**
 CITY-ST-ZIP **TAMPA FL 33614**

TITLE Change Addition

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

TITLE 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: *[Signature]* **DECLARED**

3/5/01

813-286-0245

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)