

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90086 007 \*\*\*\*\*50.00

0059069

**DOCUMENT # L99000006056**

1. Entity Name

**GATOR MOTORS OF TAMPA BAY, LLC**



Principal Place of Business

**7528 U.S. HIGHWAY 301 NORTH  
TAMPA FL 33637**

Mailing Address

**7528 U.S. HIGHWAY 301 NORTH  
TAMPA FL 33637**

2. Principal Place of Business

**11780 TAMPA GATEWAY BLVD**

3. Mailing Address

**PO Box 16379**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**SEFFNER FL**

City & State

**TAMPA, FL**

Zip

**33584**

Country

**USA**

Zip

**33687**

Country

**USA**

4. FEI Number

**59-3610637**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**O'MALLEY, ANDREW M  
C/O CAREY, O'MALLEY, WHITAKER & MANSON, PA  
712 SOUTH OREGON AVENUE  
TAMPA FL 33606**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **KILCOYNE, DAVID F**  
STREET ADDRESS **7528 U.S. HIGHWAY 301 NORTH**  
CITY-ST-ZIP **TAMPA FL 33637**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **KILCOYNE, DAVID F.**  
STREET ADDRESS **11780 TAMPA GATEWAY BLVD**  
CITY-ST-ZIP **SEFFNER, FL 33584**

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

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

**4/23/03**

**813/980-3673**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)