

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13165

1. Entity Name

TAMPA BAY-MITSUBISHI DEALERS ADVERTISING ASSOCIA

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90036 021 ****61.25

Principal Place of Business

3800 W. HILLSBOROUGH
TAMPA FL 33614

Mailing Address

21699 US HWY 19. N
PO BOX 8167
CLEARWATER FL 34625
US

2. Principal Place of Business

3. Mailing Address

9915 ADAMO DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

Country

33619

Country

USA

4. FEI Number

65-0238023

Applied For

Not Applicable

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

BURTON & MURPHY
101 E KENNEDY BLVD
STE 1165
TAMPA FL 33602

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
After September 13, 2000 min. will be \$236.25

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: VD
NAME: WOOLEY, J. I.
STREET ADDRESS: 3800 W. HILLSBOROUGH AVE
CITY-ST-ZIP: TAMPA FL ☐ Delete

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

TITLE: PD
NAME: FINK, SCOTT
STREET ADDRESS: 21699 U.S. HWY 19 NORTH
CITY-ST-ZIP: CLEARWATER FL ☒ Delete

TITLE: PD
NAME: DAVID VERA
STREET ADDRESS: 9915 ADAMO DR
CITY-ST-ZIP: TAMPA, FL 33619 ☒ Change ☐ Addition

TITLE: D
NAME: HAWKINS, TERI
STREET ADDRESS: 5326 34TH STREET N.
CITY-ST-ZIP: ST. PETERSBURG FL ☐ Delete

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

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-13-00

813 628 4444

Date

Daytime Phone #

CR2E037 (5/00)