

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29589

1. Entity Name

TAMPA BAY ANTIQUE VEHICLE ASSOCIATION, INC.

FILED

Feb 17, 2002 8:00 am  
Secretary of State

02-17-2002 90060 042 \*\*\*\*61.25

Principal Place of Business

Mailing Address

LUTZ CENTER  
100 1ST NW  
LUTZ FL 33549  
US

P.O. BOX 1321  
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2890954

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

VANN, JERALD  
2801 ROBERTSON TRAIL  
LUTZ FL 33549

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 JERALD VANN  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/1/02  
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 NAME STREET ADDRESS CITY-ST-ZIP	P VANN, JERALD 2801 ROBERTSON TRAIL LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SIGLER, MARVIN 914 WHITAKER RD LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SIGLER, MARILYN 914 WHITAKER RD LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRYANT, TOM 906 NEWBERGER RD. LUTZ FL 33549	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LODATO, SANDY 7504 N FLEN AVE TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLAZE, LEROY 9602 HAGADORN RD. RIVERVIEW FL 33569	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANDY LODATA 7504 N GLEN TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHN GARCIA 18945 CROOKED LANE LUTZ, FL 33549	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAT WEAVER 15401 LAKESHORE VILLA LANE TAMPA, FL 33613	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SONIA CICCARELLO 4540 W. CLIFTON AVE. TAMPA, FL 33614	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOMAS NUNEZ 802 W. OHIO AVE. TAMPA, FL 33603	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACKIE FERRERA 1508 TOUCHTON RD. LUTZ, FL 33548	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: PAT WEAVER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/02 813)908-7425

007/431

CR2E037 (9/01)