

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90199 019 \*\*\*\*61.25

**DOCUMENT # N51259**

1. Corporation Name

**GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION  
, INC.**

Principal Place of Business

4907 LYFORD CAY RD  
TAMPA FL 33629  
US

Mailing Address

4907 LYFORD CAY RD  
TAMPA FL 33629  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

10/12/1992

4. FEI Number

59-3148462

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS QUINLAN, JERRY  
CITY-ST-ZIP 15005 U. S. HWY 19 N  
CLEARWATER FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS PARKS RONALD  
CITY-ST-ZIP 10505 N FLORIDA AVE  
TAMPA FL

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS BELVISO, MARK  
CITY-ST-ZIP 2339 GULF TO BAY BLVD  
CLEARWATER F

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DOUGLAS, WILLIAM  
CITY-ST-ZIP 2500 34TH ST N  
ST. PETERSBURG FL

TITLE ☐ DELETE  
NAME ED  
STREET ADDRESS WILSON III, GEORGE O  
CITY-ST-ZIP 4907 LYFORD CAY ROAD  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEO, AL  
CITY-ST-ZIP 9400 US HWY 19 N  
PINELLAS PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 286-0245

CR2E037 (11/98)