

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51259

1. Entity Name

GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION

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

Zip

Country

Zip

Country

4. FEI Number

59-3148462

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

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

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

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

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

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

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

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

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

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

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

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

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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

813-286-0245

Date

Daytime Phone #

CR2E037 (10/00)

0060262

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

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



DO NOT WRITE IN THIS SPACE