

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90014 029 ****61.25

DOCUMENT # N51259

1. Entity Name
**GREATER TAMPA BAY AUTOMOBILE DEALERS
ASSOCIATION, INC.**



Principal Place of Business
**3203 BAYSHORE BLVD.
THE STOVALL #1002
TAMPA, FL 33629 US**

Mailing Address
**3203 BAYSHORE BLVD.
THE STOVALL #1002
TAMPA, FL 33629 US**

54037572



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102004

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3148462

Applied For

Not Applicable

Zip

Country

Zip

Country

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
C/O 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. 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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **LEO, ALBERT**
STREET ADDRESS **9400 US HWY 19 N.**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

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

TITLE **P** ☐ Delete
NAME **ROGERS, LARRY**
STREET ADDRESS **18911 US HWY 19 NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33764**

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

TITLE **EVPD** ☐ Delete
NAME **WILSON, GEORGE D**
STREET ADDRESS **3203 BAYSHORE BLVD. #1002**
CITY-ST-ZIP **TAMPA, FL 33629**

TITLE **EVP Executive Director** ☒ Change ☐ Addition
NAME **Wilson, George O**
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE **ST** ☐ Delete
NAME **WHITLEY, MIKE**
STREET ADDRESS **13000 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

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

TITLE **D** ☐ Delete
NAME **RODGERS, KELLY**
STREET ADDRESS **11333 N. FLORIDA AVE.**
CITY-ST-ZIP **TAMPA, FL 33612**

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:

George O Wilson III
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/04
Date

813-837-1114
Daytime Phone #

George O. Wilson III