


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90167 016 ****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 | | |
| 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 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 NAME STREET ADDRESS CITY-ST-ZIP | V LEO, ALBERT 9400 US HWY 19 N. PINELLAS PARK, FL 33782 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROGERS, LARRY 18911 US HWY 19 NORTH CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ED WILSON, GEORGE O 3203 BAYSHORE BLVD. #1002 TAMPA, FL 33629 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MUELLER, RON 13525 US HWY 19 NORTH CLEARWATER, FL 33764 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WHITLEY, MIKE 13000 N. FLORIDA AVE. TAMPA, FL 33612 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RODGERS, KELLY 11333 N. FLORIDA AVE. TAMPA, FL 33612 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P Rogers, Larry | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Zarabian, Russell M. 21154 US Hwy 19 N. Clearwater FL 33765 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Elder, Ron 320 E. Fletcher Ave. Tampa FL 33612 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D McElheny, Robert 11780 Tampa Gateway Blvd. SEFFNER FL 33584 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Rogers, Kelly | <input checked="" type="checkbox"/> Change <input 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 lists empowered. | | | | | |
| SIGNATURE: <u>George D Wilson Exec. V.P.</u> 813 4/24/05 837-1114 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

ATTACHMENT

2004885
N51259

Greater Tampa Bay Automobile Dealers Association, Inc.
2005 Uniform Business Report for Not-For-Profit Corporation
Officers and Directors -- Continued

Addition:

| | |
|-----------------|------------------------------------|
| Title: | D |
| Name: | Maher, Mike |
| Street Address: | 2901 34 th Avenue North |
| City-St-Zip: | St. Petersburg FL 33713 |