

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002938

1. Entity Name

TAMPA BAY VOLKSWAGEN DEALERS ADVERTISING ASSOCIA

Principal Place of Business

3800 34TH STREET NORTH
ST PETERSBURG FL 33714

Mailing Address

PO BOX 10640
ST PETERSBURG FL 33733-0640

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

SMITH, EW III
3800 34TH STREET NORTH
ST PETERSBURG FL 33714

4. FEI Number

59-3450197

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	REEVES, ALLEN	
STREET ADDRESS	11333 FLORIDA AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, E.W. III	
STREET ADDRESS	3800 34TH STREET NORTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33714	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOKEY, PAUL	
STREET ADDRESS	2339 GULF-TO-BAY BLVD	
CITY-ST-ZIP	CLEARWATER FL 34625	
TITLE	D	<input type="checkbox"/> Delete
NAME	LINDELL, CARL	
STREET ADDRESS	3900 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Reeves, Vivian	
STREET ADDRESS	11333 Florida Ave	
CITY-ST-ZIP	Tampa FL 33612	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
E.W. Smith, III

2/8/00

Date

727-527-1111

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE