

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90211 034 ****61.25

DOCUMENT # N01000003188

1. Entity Name

**RALLY'S ADVERTISING COOPERATIVE ASSOCIATION OF T
 OLEDO, INC.**

Principal Place of Business

Mailing Address

14255 49TH STREET NORTH
 BUILDING 1
 CLEARWATER FL 33762

14255 49TH STREET NORTH
 BUILDING 1
 CLEARWATER FL 33762

2. Principal Place of Business

3. Mailing Address

4300 W. CYPRESS ST.

4300 W. CYPRESS ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#600

#600

City & State

City & State

TAMPA FL

TAMPA FL

Zip

Country

Zip

Country

33607

USA

33607

USA

4. FEI Number

59-3716064

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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 ☐ Delete
 NAME **D/P**
 STREET ADDRESS **RICH TURER**
 CITY-ST-ZIP **4300 W. Cypress St. #600**
Tampa, FL 33607

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

TITLE ☐ Delete
 NAME **D/T**
 STREET ADDRESS **DAVID KOEHLER**
 CITY-ST-ZIP **4300 W. Cypress St. #600**
Tampa, FL 33607

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

TITLE ☐ Delete
 NAME **D/S**
 STREET ADDRESS **Dennis Dingleline**
 CITY-ST-ZIP **4300 W. Cypress St. #600**
Tampa, FL 33607

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Dennis Dingleline
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/02 813-283-7000
 Date Daytime Phone #

CR2E037 (9/01)