

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28180

1. Entity Name

TAMPA ADVERTISING CO-OP, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90030 030 ****61.25

Principal Place of Business

C/O CRAIG MADANICK
 250 INTERNATIONAL PARKWAY, STE. 150
 HEATHROW FL 32746
 US

Mailing Address

C/O HEWITT & CHARTERED
 P.O. BOX 21463
 TAMPA FL 33622-1463
 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

59-2927315

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

IVEY, DAVID
 17409 EQUESTRIAN TR
 ODESSA FL 33556

Name Frank Hornick

Street Address (P.O. Box Number is Not Acceptable)
 5401 Kirkman Rd #725

Orlando FL 32819

City Orlando FL Zip Code 32819

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 D ☐ Delete
 NAME GYARMATHY, GARY
 STREET ADDRESS 4766 SW BIMINI CRICLE S
 CITY-ST-ZIP PALM CITY FL

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

TITLE P ☐ Delete
 NAME IVEY, DAVID
 STREET ADDRESS 17409 EQUESTRIAN TR.
 CITY-ST-ZIP ODESSA FL 33556

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

TITLE D ☒ Delete
 NAME REBERTY, JOHN
 STREET ADDRESS 4240 US HWY 19 S.
 CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE D ☒ Change ☐ Addition
 NAME HORNICK, FRANK
 STREET ADDRESS 5401 KIRKMAN RD #725
 CITY-ST-ZIP ORLANDO FL 32819

TITLE D ☐ Delete
 NAME BEGLEY, KEITH
 STREET ADDRESS 2699 LEE RD 260
 CITY-ST-ZIP WINTER PARK FL 32789

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

TITLE D ☐ Delete
 NAME ANNIBALE, BOB
 STREET ADDRESS 116 BATES AVE SE
 CITY-ST-ZIP WINTER HAVEN FL 33880

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

TITLE D ☐ Delete
 NAME BANNING, GEORGE
 STREET ADDRESS 1910 W MEMORIAL DR
 CITY-ST-ZIP LAKE LAND FL 33801

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (9/99)