

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N28180

1. Entity Name

TAMPA ADVERTISING CO-OP, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90014 005 *****61.25

736497



DO NOT WRITE IN THIS SPACE

Principal Place of Business
P.O. Box 915979
C/O HAWK & CHARTERED
250 INTERNATIONAL PARKWAY STE 100
HEARTWOOD FL 32791
Mailing Address
C/O HEWITT & CHARTERED
P.O. BOX 21463
TAMPA FL 33622-1463
US

2. Principal Place of Business
P.O. Box 915979
Suite, Apt. #, etc.
3. Mailing Address
C/O Hewitt Chartered
Suite, Apt. #, etc.
P.O. Box 21463

City & State
Longwood, FL 32791
City & State
Tampa FL
Zip
32791
Country
US
Zip
33622-1463
Country
US

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
HORNICK, FRANK
5401 KIRKMAN RD #725
ORLANDO FL 32819

7. Name and Address of New Registered Agent
Name
Gary Gyarmathy
Street Address (P.O. Box Number is Not Acceptable)
13180 N. Cleveland Ave
Suite 326
City
N. Ft Myers, FL
FL
Zip Code
33903

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 Gary Gyarmathy 3-28-01
(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 NAME STREET ADDRESS CITY-ST-ZIP	D GYARMATHY, GARY 4766 SW BIMINI CRICLE S PALM CITY FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVEY, DAVID 17409 EQUESTRIAN TR. ODESSA FL 33556	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNICK, FRANK 5401 KIRKMAN RD #725 ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEGLEY, KEITH 2699 LEE RD 260 WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNIBALE, BOB 116 BATES AVE SE WINTER HAVEN FL 33880	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANNING, GEORGE 1910 W MEMORIAL DR LAKE LAND FL 33801	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13180 N Cleveland Ave, Suite 326 N. Ft Myers, FL 33903
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D John Roberts 12609 Selah Ranch Lane Thonotosassa, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Ulysses Bridgeman Jr 1903 Stanley Gault Parkway Louisville KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 like empowered.

SIGNATURE: 3-28-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)