

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90102 033 \*\*\*\*61.25

**DOCUMENT # N28180**

1. Entity Name

**TAMPA ADVERTISING CO-OP, INC.**

Principal Place of Business

P O BOX 915979  
 250 INTERNATIONAL PARKWAY, STE. 150  
 LONGWOOD FL 32791  
 US

Mailing Address

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

2. Principal Place of Business

**P.O. BOX 21463**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, FL**

City & State

4. FEI Number

**59-2927315**

Applied For

Not Applicable

Zip  
**33622-1463**

Country  
**US**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GARY GYARMATHY**  
**13180 N. CLEVELAND AVE.**  
**FORT MYERS FL 33903**

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 **D** ☐ Delete  
 NAME **GYARMATHY, GARY**  
 STREET ADDRESS **13180 N. CLEVELAND AVE SUITE 326**  
 CITY-ST-ZIP **FORT MYERS FL 33903**

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

TITLE **D** ☐ Delete  
 NAME **ROBERTS, JOHN**  
 STREET ADDRESS **12609 SELAH RANCH LANE**  
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

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

TITLE **D** ☐ Delete  
 NAME **ULYSSES, BRIDGMAN JR.**  
 STREET ADDRESS **1903 STANLEY GAULT PARKWAY**  
 CITY-ST-ZIP **LOUISVILLE KY 40223**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/1/02**

**407 645-4811**

Date

Daytime Phone #

CR2E037 (9/01)