

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90070 029 ****61.25

DOCUMENT # N28180

1. Entity Name

TAMPA ADVERTISING CO-OP, INC.



Principal Place of Business

P O BOX 21463
TAMPA FL 33622-1463
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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **President** ☐ Change ☒ Addition
NAME **Joe Johnston**
STREET ADDRESS **1601 West Baker Street**
CITY-ST-ZIP **Plant city, FL 33566**

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

TITLE **Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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 **ULYSSES, BRIDGMAN JR.**
STREET ADDRESS **1903 STANLEY GAULT PARKWAY**
CITY-ST-ZIP **LOUISVILLE KY 40223**

TITLE ☒ Change ☐ Addition
NAME **Bridgman, Jr, Ulysses**
STREET ADDRESS
CITY-ST-ZIP

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

April 2, 2003 407 645 4811

CR2E037 (10/02)