

2000 UNIFORM BUSINESS REPORT (UBR)

4/2

DOCUMENT # N37202

1. Entity Name

BLIMPIE ADVERTISING COOP OF FLORIDA'S WEST COAST

Principal Place of Business

Mailing Address

15700 GULF BLVD
REDINGTON BEACH FL 33708
USP.O. BOX 8695
MADEIRA BEACH FL 33738-8695

2. Principal Place of Business

3. Mailing Address

15700 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
REDINGTON BEACH FL

Zip

Country

Zip
33708

Country

4. FEI Number

59-3014677

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SHYROCK, CHRIS
15700 GULF BLVD
REDINGTON BEACH FL 34624

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHYROCK, CHRIS, DIRECTOR	
STREET ADDRESS	15700 GULF BLVD	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHYROCK, BURT, DIRECTOR	
STREET ADDRESS	15700 GULF BLVD	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BENINCASA, MARY LOU	
STREET ADDRESS	1310 34TH STREET, N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33713	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GUNTHER, PATRICK	
STREET ADDRESS	360 CENTRAL AVENUE	
CITY-ST-ZIP	ST. PETERSBURG FL 33701	

TITLE	D	<input type="checkbox"/> Delete
NAME	WEITZEL, JOAN	
STREET ADDRESS	4420 S. TAMIA MI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEITZEL, JOAN, DIRECTOR	
STREET ADDRESS	4420 S. TAMIA MI TRAIL	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

FILED
May 18, 2000 8:00 am
Secretary of State

04-27-2000 90125 050 ****61.25



DO NOT WRITE IN THIS SPACE

Burt Shryock 4/20/00 72739-0030