

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37627

1. Entity Name

SOUTH FLORIDA BLIMPIE ADVERTISING COOPERATIVE, I

FILED
Feb 25, 2000 8:00 am
Secretary of State

02-25-2000 90014 049 ****61.25

Principal Place of Business

768 RIVERSIDE DR
111
CORAL SPRINGS FL 33071
US

Mailing Address

768 RIVERSIDE DR
111
CORAL SPRINGS FL 33071-7611
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

65-0223779

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID L. KOUT AND DAVID L. KOUT PA
1601 N. PALM AVENUE
SUITE 305
PEMBROKE PINES FL 33026

Name **STEVE ZWERLING**

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

6928 NW 27 CT

City **MARGATE**

FL

Zip Code **33063**

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 **KOUT, EUGENE**
STREET ADDRESS **960 IVY FALLS DR**
CITY-ST-ZIP **ATLANTA GA**

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

TITLE **D** ☐ Delete
NAME **KOUT, STEVE**
STREET ADDRESS **768 RIVERSIDE DR**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

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

TITLE **D** ☐ Delete
NAME **KOUT, DAVID**
STREET ADDRESS **1601 N. PLAM AVE., 303**
CITY-ST-ZIP **PEMBROKE PINES FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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

2/10/00 **954-755-5237**
Date Daytime Phone #

CR2E037 (9/99)