

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90166 015 ****61.25

DOCUMENT # N94000006209

1. Entity Name

FT. MYERS ADVERTISING CO-OP, INC.

Principal Place of Business

Mailing Address

**250 INTERNATIONAL PARKWAY
SUITE 260
HEATHROW FL 32746****PO 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

59-3238125

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

**PARRISH, LARRY
40 WENDY'S 802 NW 1 ST
SOUTH BAY FL 33493**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	BRIDGEMAN, ULYSSES JR	12910 SHELBYVILLE RD 104 LOUISVILLE KY 40243	<input type="checkbox"/>	<input type="checkbox"/>
	D	HORNICK, FRANK	5401 KIRKMAN RD 725 ORLANDO FL 32819	<input type="checkbox"/>	<input type="checkbox"/>
	D	PARRISH, LARRY	802 NW 1 ST SOUTH BAY FL 33493	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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**4/25/00**

CR2E037 (9/99)