

2001 UNIFORM BUSINESS REPORT (UBR)

3/2

FILED
Apr 10, 2001 8:00 am
Secretary of State

03-29-2001 90408 031 ****61.25

DOCUMENT # N94000006209

1. Entity Name

FT. MYERS ADVERTISING CO-OP, INC.

Principal Place of Business

Mailing Address

P.O. Box 915979

~~250 INTERNATIONAL BLVD~~

~~SUITE 200~~

~~10000 W. US HWY 1~~

Longwood, FL 32791

PO BOX 21463

TAMPA FL 33622-1463

US

2. Principal Place of Business

PO BOX 915979

3. Mailing Address

Suite, Apt. #, etc.

Longwood, FL 32791

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3238125

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees 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	D BRIDGEMAN, ULYSSES JR 12010 SHILBY WILDER RD 104X LOUISVILLE KY 40248	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORNICK, FRANK 5401 KIRKMAN RD 725 ORLANDO FL 32819	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRISH, LARRY 802 NW 1 ST SOUTH BAY FL 33493	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1903 Stanley Gault Parkway Louisville KY 40223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ralph Medeiros 54-55 1342 Colonial Blvd. Building G # Ft Myers, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/01
Date

Daytime Phone #

CR2E037 (10/00)