

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001721

1. Entity Name

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF

GAINESVILLE



Principal Place of Business

14255 49 ST N
BLDG 1
CLEARWATER FL 33762

Mailing Address

P.O. BOX 18800
CLEARWATER FL 33762

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

59-2191090

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name
CSC

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301-2607

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.

The United States Corporation Company

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
After September 13, 2000 min. will be \$236.25

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

TITLE
NAME PD
STREET ADDRESS TYNDALL, R
CITY-ST-ZIP 4518 SW 92TH TERR
GAINESVILLE FL 32608



TITLE
NAME TD
STREET ADDRESS PEABODY, RICHARD
CITY-ST-ZIP 14255 49TH ST N BLDG 1
CLEARWATER FL 33762



TITLE
NAME SD
STREET ADDRESS GRIMES, MICHELE
CITY-ST-ZIP 14255 49 ST N BLDG 1
CLEARWATER FL 33762



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

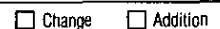


TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

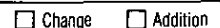


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



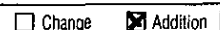
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME TD
STREET ADDRESS WENDY BECK
CITY-ST-ZIP 14255 49TH ST N BLDG 1
CLEARWATER, FL 33762



TITLE
NAME PD
STREET ADDRESS DANIEL RICHARD TUNER
CITY-ST-ZIP 14255 49TH ST N BLDG 1
CLEARWATER, FL 33762



TITLE
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:

Wendy Beck
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00
Date

(727) 579-2064
Daytime Phone #

CR2E037 (5/00)