


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 DEC 18 PH 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # <i>N96000001721</i>	
1. Entity Name <i>Checkers Advertising Cooperative Association of Gainesville, Inc.</i>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <i>4300 West Cypress St</i> Suite, Apt. #, etc. <i>Suite 600</i> City & State <i>Tampa, FL</i> Zip <i>33607</i> Country <i>US</i>	3. Mailing Address <i>4300 West Cypress St</i> Suite, Apt. #, etc. <i>Suite 600</i> City & State <i>Tampa, FL</i> Zip <i>33607</i> Country <i>US</i>
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**REINSTATEMENT** *03*

4. FEI Number <i>59-219090</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>Corporation Service Company</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1201 Hays Street</i>	
City <i>Tallahassee</i>	FL Zip Code <i>32301</i>

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FEE IS \$61.25**  
**Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Syndall, R (PA) Director 4518 SW 92nd Terr Gainesville, FL 32640</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>VPD Turner, Richard Director 14225 49th St, #1 Clearwater, FL 33762</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>Briggers, Kathleen Director 218 Paul McClure Ct Casselberry, FL 32707</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>000025535990</i> <i>12/18/03--01026--001 **\$61.25</i>
<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen Briggers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*12/08/03* *47699-3052*  
Date Daytime Phone #

CR2E037B (12/02)

December 15, 2003

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Ref. No. 96000001721

-- Checkers Advertising Cooperative Association of Gainesville

To Whom It May Concern:

Per your letter dated October 31, 2003, attached please find the completed UBR report for the above reference entity along with a check in the amount of \$61.25 to cover filing fee.

If you have any questions, please feel free to contact me at 407/699-3052.

Thank you.



Kathleen A. Driggers, Treasurer/Director  
Checkers Advertising Cooperative of Gainesville  
218 Paul McClure Court  
Casselberry, Florida 32707