

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 03, 1999 8:00 am
Secretary of State

05-03-1999 90089 018 ****61.25

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1. Corporation Name

**CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF
CHICAGO, INC.**

Principal Place of Business

600 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 33755
US

Mailing Address

600 CLEVELAND STREET
8TH FLOOR
CLEARWATER FL 33755
US



2. Principal Place of Business

21 14255 49th St. N.

Suite, Apt. #, etc.

22 Bld. 1

City & State

23 Clearwater, FL

Zip Country

24 33762 25 USA

2a. Mailing Address

26 P.O. Box 18800

Suite, Apt. #, etc.

27

City & State

28 Clearwater, FL

Zip Country

29 33762-1800 30 USA

3. Date Incorporated or Qualified

08/02/1996

4. FEI Number

59-3429404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RAGEN, T
STREET ADDRESS 10512 GOLF RD
CITY-ST-ZIP ORLAND PARK IL 60462

☒ DELETE

TITLE TD
NAME MESSENGER, L
STREET ADDRESS 1827 WALDEN OFFICE SQ, STE 550
CITY-ST-ZIP SCHAUMBURG IL 60173

☒ DELETE

TITLE D
NAME TOLER, J
STREET ADDRESS 600 CLEVELAND STREET, 8TH FLOOR
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE SD
NAME GRIMERS, M
STREET ADDRESS 600 CLEVELAND ST., 8TH FLOOR
CITY-ST-ZIP CLEARWATER FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D
1.2 NAME James J. Gillespie
1.3 STREET ADDRESS 14255 49th St. N., Bld. 1
1.4 CITY-ST-ZIP Clearwater, FL 33762

☐ Change ☒ Addition

2.1 TITLE VP/COO
2.2 NAME Richard A. Peabody
2.3 STREET ADDRESS 14255 49th St. N., Bld. 1
2.4 CITY-ST-ZIP Clearwater, FL 33762

☐ Change ☒ Addition

3.1 TITLE T/D
3.2 NAME Wendy A. Beck
3.3 STREET ADDRESS 14255 49th St. N., Bld. 1
3.4 CITY-ST-ZIP Clearwater, FL 33762

☐ Change ☒ Addition

4.1 TITLE S/D
4.2 NAME Cathie Harrell
4.3 STREET ADDRESS 14255 49th St. N., Bld. 1
4.4 CITY-ST-ZIP Clearwater, FL 33762

☐ Change ☒ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 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

Date

Daytime Phone #

CR2E037 (11/98)