

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2001 8:00 am
Secretary of State

02-03-2001 90022 017 *****70.00

DOCUMENT # N96000004055

1. Entity Name

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF CHICAGO

Principal Place of Business

14255 49TH STREET NORTH
 BLDG #1
 CLEARWATER FL 33762
 US

Mailing Address

P.O. BOX 18800
 CLEARWATER FL 33762-1800
 US

28136



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3429404

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

NAME **CORPORATION SERVICE COMPANY**

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

1201 HAYS STREET

City **Tallahassee**

FL

Zip Code **32301**

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 **PD** ☒ Delete
 NAME **GILLESPIE, JAMES J**
 STREET ADDRESS **14255 49TH STREET N, BLDG. #1**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Richard Turner**
 STREET ADDRESS **14255 49TH ST. N. #1**
 CITY-ST-ZIP **Clearwater, FL. 33762**

TITLE **VPCD** ☒ Delete
 NAME **PEABODY, RICHARD**
 STREET ADDRESS **14255 49TH STREET N, BLDG. #1**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE **V.P./D** ☐ Change ☒ Addition
 NAME **Dennis Dingledine**
 STREET ADDRESS **14255 49TH ST. N. #1**
 CITY-ST-ZIP **Clearwater, FL. 33762**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☒ Delete
 NAME **HARRELL, CATHIE**
 STREET ADDRESS **14255 49TH ST N, BLDG #1**
 CITY-ST-ZIP **CLEARWATER FL 33762**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/01

Date

Daytime Phone #

CR2E037 (10/00)