

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90049 015 ****61.25

DOCUMENT # N97000005473

1. Entity Name

SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCI

Principal Place of Business

80000 S. ORANGE BL. TRAIL
 ORLANDO FL 32809

Mailing Address

C/O BEHAR. REID. GREEN CPAS INC.
 4 BRADLEY PARK CT
 COLUMBUS GA 31904

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 **59-3473409**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WILSON, BOB
11945 N FLORIDA AVE
ORLANDO FL 33612

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **COUGHLIN, MICHAEL**
 STREET ADDRESS **1000 CHRYSLER DRIVE**
 CITY-ST-ZIP **AUBURN HILLS MI 48326**

TITLE **D** ☐ Delete
 NAME **MAYBERRY, BOB**
 STREET ADDRESS **3220 HWY 74 W**
 CITY-ST-ZIP **MONROEA NC 28110**

TITLE **D** ☐ Delete
 NAME **EGOLF, JEFF**
 STREET ADDRESS **401 DUNCAN HILL RD**
 CITY-ST-ZIP **HENDERSONVILLE NC 28739**

TITLE **D** ☐ Delete
 NAME **WILSON, BOB**
 STREET ADDRESS **11945 N. FLORIDA AVE.**
 CITY-ST-ZIP **TAMPA FL 33612**

TITLE **D** ☐ Delete
 NAME **AICHER, KEVIN**
 STREET ADDRESS **5455 S. UNIVERSITY DRIVE**
 CITY-ST-ZIP **DAVIE FL 33328**

TITLE **D** ☒ Delete
 NAME **MCCULLOCH, STAN**
 STREET ADDRESS **3831 HWY 31**
 CITY-ST-ZIP **DECATUR AL 35602**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

TITLE ☐ Change ☒ Addition
 NAME **Director**
 STREET ADDRESS **Steve Locklear**
3200 10th Ave.
 CITY-ST-ZIP **Tuscaloosa, AL 35406**

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/01 **706-576-4900**
 Date Daytime Phone #

CR2E037 (10/00)