

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90171 035 \*\*\*\*61.25

**DOCUMENT # N97000005473**

1. Entity Name

**SOUTHEAST DODGE TRUCK DEALERS ADVERTISING ASSOCIATION, INC.**



Principal Place of Business

**10300 BOGGY CREEK RD  
SUITE 110  
ORLANDO FL 32824  
US**

Mailing Address

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

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

7. Name and Address of New Registered Agent

**WILSON, BOB  
11945 N FLORIDA AVE  
ORLANDO FL 33612**

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C LICINA, PHIL 10300 BOGGY CREEK RD SUITE 110 ORLANDO FL 32824</b>	<input checked="" type="checkbox"/> Delete <b>OK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BROWNE, JIM 10300 BOGGY CREEK RD SUITE 110 ORLANDO FL 32824</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D EGOLF, JEFF 401 DUNCAN HILL RD HENDERSONVILLE NC 28739</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILSON, BOB 11945 N. FLORIDA AVE. TAMPA FL 33612</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AICHER, KEVIN 5455 S. UNIVERSITY DRIVE DAVIE FL 33328</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOCKLEAR, STEVE 3200 10TH AVENUE TUSCALOOSA AL 35406</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Brillanti, Fred 6823 Mt. Zion Blvd. Morrow, GA 30260</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Odum, Michael 2645 Larn Rd Greenville, SC 29607</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Myers, Tom 6381 Airport Pulling Rd Naples, FL 33109</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Hayes, Mike 714 Pike St. Lawrenceville, GA 30048</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D Cogdill, Jim 8544 Kingston Pike Knoxville, TN 37919</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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**

**Phil Licina**

CR2E037 (10/02)