

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000938

1. Entity Name

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

Principal Place of Business

4175 CHRYSLER DRIVE  
MEMPHIS TN 38118-7018

Mailing Address

BEHAR, REID, GREEN & MELTON, CPA  
4 BRADLEY PARK COURT SUITE #120  
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

58-2372634

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

HUDOCK, LESLIE WAGER  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA FL 33606

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **Chairman** ☐ Change ☒ Addition  
NAME **James Yetter**  
STREET ADDRESS **Chrysler Corp., 1000 Chrysler Drive**  
CITY-ST-ZIP **Auburn Hills, MI 48326**

TITLE **D** ☐ Delete  
NAME **FALKE, JOHN**  
STREET ADDRESS **CHRYSLER CORP. 4175 CHRYSLER DRIVE**  
CITY-ST-ZIP **MEMPHIS TN 38181**

TITLE **D** ☐ Change ☒ Addition  
NAME **Charlie Glymph**  
STREET ADDRESS **Chrysler Corp., 103 North Park Blvd. Ste 300**  
CITY-ST-ZIP **Covington, LA 70433**

TITLE **D** ☐ Delete  
NAME **LEE, JOHN**  
STREET ADDRESS **541 MARY ESTER CUTOFF**  
CITY-ST-ZIP **FT. WALTON FL 32598**

TITLE **D** ☐ Change ☒ Addition  
NAME **Tim Whitehead**  
STREET ADDRESS **Tim Whitehead CPD, P.O. Box 310717**  
CITY-ST-ZIP **Enterprise, AL 36631**

TITLE **D** ☐ Delete  
NAME **HELMS, STEVE**  
STREET ADDRESS **694 EAST CHURCH STREET**  
CITY-ST-ZIP **LEXINGTON TN 38351**

TITLE **D** ☐ Change ☒ Addition  
NAME **Doug Wilson**  
STREET ADDRESS **Wilson Dodge, 4200 Lakeland Drive**  
CITY-ST-ZIP **Jackson, MS 39204**

TITLE **D** ☐ Delete  
NAME **ROSS, TOM JR**  
STREET ADDRESS **P.O. BOX 684**  
CITY-ST-ZIP **SENATOBIA MS 38668**

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

TITLE **D** ☐ Delete  
NAME **MARTINDILL, BUTCH**  
STREET ADDRESS **5809 S. UNIVERSITY**  
CITY-ST-ZIP **LITTLE ROCK AR 72219-8904**

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 REQUIRED James Yetter**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)