

2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90001-011-\$70.00-\$70.00

DOCUMENT # N98000003208

APPROVED
AND
FILED

1. Entity Name

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF W



00 OCT -2 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

14255 49TH ST N
BLDG #1
CLEARWATER FL 33762
US

P.O. BOX 16800
CLEARWATER FL 33762-1800

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3516896

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name Corporation Service Company

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

1201 Hays Street

City Tallahassee

FL 32301-2607

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.

Deborah D. Skipper
as its agent

SIGNATURE

Deborah D. Skipper

10-2-00

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
After September 13, 2000 min. will be \$236.25

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GILLESPIE, JAMES J 14255 49TH ST N, BLDG #1 CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCD PEABODY, RICHARD 14255 49TH ST N, BLD #1 CLEARWATER FL 33762	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BECK, WENDY A 14255 49TH ST N BLDG #1 CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRIGGERS, KATHLEEN 14255 49TH ST N, BLDG #1 CLEARWATER FL 33762	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRIGGERS, KATHLEEN 24681 NORTH WESTERN HIGHWAY, SUITE 400 SOUTHFIELD, MI 48075	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RICH TUNER 14255 49TH ST N BLD#1 CLEARWATER, FL 33762	<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:

Wendy A Beck
REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/00

Date

(727) 519-2064

Daytime Phone #

Wendy A Beck

CR2E037 (5/00)