

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000003208

1. Entity Name

CHECKERS ADVERTISING COOPERATIVE ASSOCIATION OF WEST PALM BEACH

Principal Place of Business

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

Mailing Address

P.O. BOX 18800
CLEARWATER FL 33762-1800

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

59-3516896

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
DRIGGERS, KATHLEEN
14255 49TH ST N BLDG #1
CLEARWATER FL 33762 ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DRIGGERS, KATHLEEN
14255 49TH ST N, BLDG #1
CLEARWATER FL 33762 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DRIGGERS, KATHLEEN
24681 NORTH WESTERN HWY., STE. 100
SOUTHFIELD MI 48075 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DRIGGERS, KATHLEEN
218 PAUL MCCLURE
CASSELBERRY, FL 32707 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TURER, RICH
14255 49TH ST. N., BLD #1
CLEARWATER FL 33762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
TURER, RICH
14255 49TH ST. N., BLD #1
CLEARWATER FL 33762 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/01

Date

Daytime Phone #

CR2E037 (10/00)