

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 05, 2001 8:00 am**  
**Secretary of State**

04-05-2001 90005 011 \*\*\*\*\*61.25

0088079

**DOCUMENT # N99000006127**

1. Entity Name

**TALLAHASSEE ADVERTISING CO-OP, INC.**

Principal Place of Business

Mailing Address

KENTUCKY FRIED CHICKEN OF VALDOSTA, INC.  
 1203 N. ASHLEY ST.  
 VALDOSTA GA 31601

KENTUCKY FRIED CHICKEN OF VALDOSTA, INC.  
 1203 N. ASHLEY ST.  
 VALDOSTA GA 31601

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-2499942**

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 **LAWRENCE HELMS**

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

**RT 17 BX 1639 OAKHAVEN**

City **LAKE CITY**

**FL**

Zip Code

**32055**

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.

**LAWRENCE HELMS DTS**

SIGNATURE

*Lawrence Helms*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3-28-01**

**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 **PD** ☐ Delete  
 NAME **HARRIS, OWEN D**  
 STREET ADDRESS **1203 NORTH ASHLEY STREET**  
 CITY-ST-ZIP **VALDOSTA GA 31601**

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

TITLE **DTS** ☐ Delete  
 NAME **HELMS, LAWRENCE**  
 STREET ADDRESS **AT. 17 POX 1630 OARHAVEN**  
 CITY-ST-ZIP **LAKE CITY FL 32055**

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

TITLE **D** ☒ Delete  
 NAME **LYON, WALTER**  
 STREET ADDRESS **318 SOUTH COFFEE STREET**  
 CITY-ST-ZIP **DOUGLAS GA 31533**

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

TITLE **D** ☐ Delete  
 NAME **ROWE, TERRI**  
 STREET ADDRESS **3535 COLONEL VANDERHORST**  
 CITY-ST-ZIP **MT. PLEASANT SC 29466**

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☒ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 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: **OWEN D. HARRIS**  
**OWEN D. HARRIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-2-01 229-247-2395**  
 Date Daytime Phone #

CR2E037 (10/00)