

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000006127**

1. Entity Name

TALLAHASSEE ADVERTISING CO-OP, INC.**FILED****Mar 03, 2002 8:00 am**
Secretary of State

03-03-2002 90086 045 ****61.25

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

58-2499942

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****HELMS, LAWRENCE**
RT 17 BOX 1637 OAKHAVNE
LAKE CITY FL 32055**7. Name and Address of New Registered Agent**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**TITLE ☐ Delete
NAME **PD HARRIS, OWEN D**
STREET ADDRESS **1203 NORTH ASHLEY STREET**
CITY-ST-ZIP **VALDOSTA GA 31601**TITLE ☐ Delete
NAME **DTS HELMS, LAWRENCE**
STREET ADDRESS **RT 17B BOX 1637 OAKHAVEN**
CITY-ST-ZIP **LAKE CITY FL 32055**TITLE ☐ Delete
NAME **D BETTERS, CAROLYN DV**
STREET ADDRESS **10017 LEAFWOOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32312**TITLE ☒ Delete
NAME **D ROWE, TERRI**
STREET ADDRESS **3535 COLONEL VANDERHORST**
CITY-ST-ZIP **MT. PLEASANT SC 29466**TITLE ☐ Delete
NAME **D CHOWDHURY, LOKMAN G**
STREET ADDRESS **6418 NW 43RD LN**
CITY-ST-ZIP **GAINESVILLE FL 32606**TITLE ☐ Delete
NAME **D BENNETT, WILLIAM H JR**
STREET ADDRESS **3125 WILD OAKS CIRCLE**
CITY-ST-ZIP **VALDOSTA GA 31605****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☒ Addition
NAME **DIRECTOR Hebert, Wally**
STREET ADDRESS **P.O. Box 1257**
CITY-ST-ZIP **Columbia, TN 38402**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Hamire, PRESIDENT

Date

Daytime Phone #

2-15-02 229-241-2395

CR2E037 (9/01)