

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90346 006 \*\*\*\*\*61.25

**DOCUMENT # N99000006127**

1. Entity Name

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



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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE **DTS** ☐ Delete  
NAME **HELMS, LAWRENCE**  
STREET ADDRESS **RT 17B BOX 1637 OAKHAVEN**  
CITY-ST-ZIP **LAKE CITY FL 32055**

TITLE **D** ☐ Delete  
NAME **BETTERS, CAROLYN DV**  
STREET ADDRESS **10017 LEAFWOOD DR**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ Delete  
NAME **HERBERT, WALLY**  
STREET ADDRESS **PO BOX 1257**  
CITY-ST-ZIP **COLUMBIA TN 38402**

TITLE **D** ☐ Delete  
NAME **CHOWDHURY, LOKMAN G**  
STREET ADDRESS **6418 NW 43RD LN**  
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **D** ☐ Delete  
NAME **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-ZIP

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

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

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:

*Owen D. Harris* (OWEN D. HARRIS)

1-24-03

229-241-2395

CR2E037 (10/02)