

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709767

1. Entity Name

FLORIDA CABLE TELECOMMUNICATIONS ASSOCIATION, IN

Principal Place of Business

310 N. MONROE ST.
TALLAHASSEE FL 32301
US

Mailing Address

310 N. MONROE ST.
TALLAHASSEE FL 32301-7622
US

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

23-7375258

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

WILKERSON, STEVEN E.
310 N. MONROE ST.
TALLAHASSEE FL 32301

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	VD FILIPIAK, ELLEN 2925 COURTYARDS DR NORCROSS GA 30071	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCQUINN, JEFF 2600 MCCORMICK DR, STE 255 CLEARWATER FL 34619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BREWSTER, JOE 320 NW RACETRACK RD FT WALTON FL 32547	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILKERSON, STEVE 310 N. MONROE ST. TALLAHASSEE FL 32301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOETZ, BILL 1100 NORTHPOINT PARKWAY, SECOND FLOOR WEST PALM BCH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRETT, LARRY 2001 W. BLUE HERON BLVD RIVIERA BCH FL 33404	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCQUINN, JEFF 2600 MCCORMICK DR, STE 255 CLEARWATER, FL 34619	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BELLO, TONY 1681 79TH STREET CAUSEWAY NORTH BAY-VILLAGE, FL 33141	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD BRETT, LARRY 2001 W BLUE HERON BLVD RIVIERA BEACH, FL 33404	<input checked="" type="checkbox"/> Change <input checked="" 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	D BREWSTER, JOE 320 NW RACETRACK ROAD FT. WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREUCHER, JON 600 N PINE ISLAND ROAD, STE 100 PLANTATION, FL 33324	<input type="checkbox"/> Change <input checked="" 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:

Steven E. Wilkerson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/00
Date

(850)681-1990
Daytime Phone #

CR2E037 (9/99)

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90065 044 ****61.25



DO NOT WRITE IN THIS SPACE