

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

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

02-27-2003 90180 048 \*\*\*\*61.25

**DOCUMENT # 717001**

1. Entity Name  
**COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA  
, INC.**



Principal Place of Business  
**14901 N.E. 20 AVE.  
N. MIAMI FL 33181-1121**

Mailing Address  
**14901 N.E. 20 AVE.  
N. MIAMI FL 33181-1121**

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 **59-0737868**

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

**DOOLEY, GEORGE  
14901 N.E. SESAME STREET  
NORTH MIAMI FL 33261-0002**

Name  
**GEORGE DOOLEY**

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

**14901 NE 20TH AVENUE**

City

**MIAMI**

**FL**

Zip Code

**33181**

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

*George Dooley*

02/25/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **MORRISON, WILLIAM L**  
STREET ADDRESS **700 BRICKELL AVE**  
CITY-ST-ZIP **MIAMI FL 33131**

TITLE **S** ☐ Change ☒ Addition  
NAME **SOCIAS, PEGGY**  
STREET ADDRESS **14901 NE 20TH AVE**  
CITY-ST-ZIP **MIAMI, FL**

TITLE **P** ☐ Delete  
NAME **DOOLEY, GEORGE**  
STREET ADDRESS **14901 NE 20TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **D** ☐ Delete  
NAME **BERENS, FRED**  
STREET ADDRESS **S.E. FINANCIAL CTR., STE. 3200**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **C** ☐ Delete  
NAME **TOBIN, HERBERT A**  
STREET ADDRESS **1101 HILLCREST DR**  
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

TITLE **T** ☐ Delete  
NAME **CARROLL, SHIRLEY C**  
STREET ADDRESS **14901 NE 20TH AVE**  
CITY-ST-ZIP **MIAMI FL**

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

TITLE **S** ☒ Delete  
NAME **SISSON, RITA J.**  
STREET ADDRESS **14901 NE 20TH AVE**  
CITY-ST-ZIP **MIAMI FL**

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 11, as changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*George Dooley*

GEORGE DOOLEY

02/25/03

(305) 9498321

CR2E037 (10/02)