

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739617

1. Entity Name

FLORIDA PUBLIC BROADCASTING SERVICE, INC.

FILED
Jan 12, 2000 8:00 am
Secretary of State

01-12-2000 90071 001 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business 217 JOHN KNOX RD 200 TALLAHASSEE FL 32303 US	Mailing Address P.O. BOX 10910 TALLAHASSEE FL 32302-2910
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-2085219	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

MORAN, JAMES D.
 217 JOHN KNOX RD
 STE 200
 TALLAHASSEE FL 32303

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, JAMES D 1066 TALLAVANA TRAIL HAVANA FL 32333 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHNER, RICHARD A 1200 WEIMER HALL GAINESVILLE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD ROGERS, STEVE 1300 N BOULEVARD TAMPA FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, PAT 11000 UNIVERSITY PKWY PENSACOLA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STECK, STEPHEN M 11510 E COLONIAL DR ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRESSER, WILLIAM G 100 FESTIVAL PARK AVE JACKSONVILLE FL 32302 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORAN, James D. 5 1 3 East Call St. Tallahassee, FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, Rick 100 Festival Park Ave Jacksonville, FL 32202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THIGPEN, Don Dr. 1308 Parkside Dr Ormond Beach, FL 32174 <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	VC STECK, Stephen M. 11510 E Colonial Dr Orlando, FL 32817-4699 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERNANDEZ, Angel 1 7 2 N.E. 15th St Miami, FL 33132 <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: James D. Moran, President 1.6.00 (850)414-9990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #