

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90024 039 ****61.25

DOCUMENT # N99000004590

1. Entity Name

SPIRIT RADIO OF NORTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**500 NE 16TH AVE
 GAINESVILLE FL 32601**

**500 NE 16TH AVE
 GAINESVILLE FL 32601**

JUN 13



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3600375

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GUIDI, DENNIS E
 1837 HENDRICKS AVE
 JACKSONVILLE FL 32207**

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 **D** Delete
 NAME **JULIEN, ROLAND M**
 STREET ADDRESS **500 NE 16TH AVE**
 CITY-ST-ZIP **GAINESVILLE FL 32601**

TITLE **D** Change Addition
 NAME **Galeone, Victor B.**
 STREET ADDRESS **11625 Old St. Augustine Rd.**
 CITY-ST-ZIP **Jacksonville, FL 32258**

TITLE **D** Delete
 NAME **HAUT, VINCENT J**
 STREET ADDRESS **11625 OLD ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** Change Addition
 NAME **Kramer, Charles**
 STREET ADDRESS **7759 SW CR 18**
 CITY-ST-ZIP **Hampton, FL 32044**

TITLE **D** Delete
 NAME **SNYDER, JOHN J**
 STREET ADDRESS **11625 OLD ST AUGUSTINE RD**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE **D** Change Addition
 NAME **Kramer, Mary**
 STREET ADDRESS **7759 SW CR 18**
 CITY-ST-ZIP **Hampton, FL 32044**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Muse, Connie**
 STREET ADDRESS **10453 SW 66 Ave.**
 CITY-ST-ZIP **Hampton, FL 32044**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Murphy, Richard**
 STREET ADDRESS **2715 NW 32 Pl. =**
 CITY-ST-ZIP **Gainesville, FL 32605**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Bevilacqua, Cynthia**
 STREET ADDRESS **3202 NW 142 Ave.**
 CITY-ST-ZIP **Gainesville, FL 32609**

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: ROLAND M. JULIEN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/02
 Date

352-372-4641
 Daytime Phone #

CR2E037 (9/01)

Attachment
#N99000004590/509812

ADDITIONAL DIRECTORS

George Matt
600 SW 3 Blvd
Waldo, FL 32694

Janet Vetter
7759 SW CR 18
Hampton, FL 32044

Francesca Maturo
707 SW 75 St. #107
Gainesville, FL 32607