

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 717001

1. Entity Name

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA

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

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 ☐ Delete
NAME D
STREET ADDRESS ELMORE, GEORGE T.
CITY-ST-ZIP 2350 SOUTH CONGRESS AVENUE
DELRAY BCH FL

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

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

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

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

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

TITLE ☐ Delete
NAME C
STREET ADDRESS ALLEN, NED
CITY-ST-ZIP 1760 SE 10 ST
FT LAUDERDALE FL 33316

TITLE ☒ Change ☐ Addition
NAME C
STREET ADDRESS TOBIN, HERBERT A.
CITY-ST-ZIP 1101 HILLCREST DRIVE
HOLLYWOOD FL 33021

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

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

TITLE ☐ Delete
NAME S
STREET ADDRESS SISSON, RITA J.
CITY-ST-ZIP 14901 NE 20TH AVE
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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00

Date

Daytime Phone #

CR2E037 (9/99)