

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90010 034 \*\*\*\*61.25

**DOCUMENT # N06005**

1. Entity Name

**FLORIDA REPEATER COUNCIL, INC.**

Principal Place of Business

101 PONCE DELEON CIRCLE  
 PONCE INLET FL 32127

Mailing Address

101 PONCE DELEON CIRCLE  
 PONCE INLET FL 32127

2. Principal Place of Business

**6280 Fairfield Ave. So.**

Suite, Apt. #, etc.

3. Mailing Address

**6280 Fairfield Ave S**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg FL**

Zip

**33707**

Country

**USA**

Zip

**33707**

Country

**USA**

4. FEI Number

**52-1570536**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLINE, ROBERT**  
**101 PONCE DELEON CIRCLE**  
**PONCE INLET FL 32127**

7. Name and Address of New Registered Agent

Name **RODAKIS, DANA**

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

**6280 FAIRFIELD AVE SO.**

City **ST PETERSBURG**

**FL**

Zip Code

**33707**

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

**DANA RODAKIS**

*Dana Rodakis*

**1/9/01**

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

TITLE **PT** ☐ Delete  
 NAME **KASSIS, RAY**  
 STREET ADDRESS **1150 WEST KING STREET**  
 CITY-ST-ZIP **COCOA FL 32922**

TITLE **VT** ☐ Delete  
 NAME **BICKHAM, IRA R.**  
 STREET ADDRESS **260 TIKI DRIVE**  
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **ST** ☒ Delete  
 NAME **CLINE, ROBERT**  
 STREET ADDRESS **101 PONCE DELEON CIRCLE**  
 CITY-ST-ZIP **PONCE INLET FL 32127**

TITLE **CT** ☐ Delete  
 NAME **RODAKIS, DANA**  
 STREET ADDRESS **6280 FAIRFIELD AVENUE SOUTH**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33707**

TITLE **CT** ☐ Delete  
 NAME **BUSH, MATTHEW**  
 STREET ADDRESS **13519 MARQUETTE BOULEVARD**  
 CITY-ST-ZIP **FT. MYERS FL 33905**

TITLE **D** ☐ Delete  
 NAME **BUTLER, FRANK**  
 STREET ADDRESS **323 ELLIOTT RD., SE**  
 CITY-ST-ZIP **FT. WALTON BCH. FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **ST** ☐ Change ☒ Addition  
 NAME **RODAKIS, DANA**  
 STREET ADDRESS **6280 FAIRFIELD AVE. SO.**  
 CITY-ST-ZIP **ST PETERSBURG, FL 33707**

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

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

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

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:

*Dana Rodakis*  
**DANA RODAKIS**

**1/9/01**

**727 302 3334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)