

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2002 8:00 am
Secretary of State

02-10-2002 90053 033 ****61.25

DOCUMENT # N06005

1. Entity Name
FLORIDA REPEATER COUNCIL, INC.

Principal Place of Business

**6280 FAIRFIELD AVE SO
 SAINT PETERSBURG FL 33707**

Mailing Address

**6280 FAIRFIELD AVE SO
 SAINT PETERSBURG FL 33707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

52-1570536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**RODAKIS, DANA
 6280 FAIRFIELD AVE SO
 SAINT PETERSBURG FL 33707**

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

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	ST	<input type="checkbox"/> Delete
NAME	RODAKIS, DANA	
STREET ADDRESS	6280 FAIRFIELD AVE SO	
CITY-ST-ZIP	SAINT PETERSBURG FL 33707	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BICKHAM, IRA R.	
STREET ADDRESS	260 TIKI DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	CT	<input type="checkbox"/> Delete
NAME	RODAKIS, DANA	
STREET ADDRESS	6280 FAIRFIELD AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	CT	<input type="checkbox"/> Delete
NAME	BUSH, MATTHEW	
STREET ADDRESS	13519 MARQUETTE BOULEVARD	
CITY-ST-ZIP	FT. MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTLER, FRANK	
STREET ADDRESS	323 ELLIOTT RD., SE	
CITY-ST-ZIP	FT. WALTON BCH. FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSIS, RAYMOND	
STREET ADDRESS	1150 W KING STREET	
CITY-ST-ZIP	COCOA, FL 32922	

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* **REQUIRE** *D. Rodakis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

727/381 2000

Daytime Phone #

CR2E037 (9/01)