

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 265796

1. Entity Name

STARK COMMUNICATIONS, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90081 033 \*\*\*150.00

Principal Place of Business

8025 NE 96TH AVE  
 GAINESVILLE FL 32609  
 US

Mailing Address

P. O. BOX 448  
 GAINESVILLE FLA 32602-0448  
 US

2. Principal Place of Business

8025 N.E. 96 AVE.

3. Mailing Address

8025 N.E. 96 AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GAINESVILLE, FL

Zip

Country

Zip

Country

32609

US

4. FEI Number

59-0998822

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

Name

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

City

FL

Zip Code

32609

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, EDGAR LEO	
STREET ADDRESS	5001 S.E. 18TH STREET	
CITY-ST-ZIP	OCALA, FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONALD, RAY F.	
STREET ADDRESS	8025 N.E. 96TH AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MCDONALD, MARCIE L	
STREET ADDRESS	8025 NE 96 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES R. MCDONALD	
STREET ADDRESS	8025 N.E. 96 AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
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		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ray F. McDonald*

RAY F. MCDONALD

4/27/00

352/372-9141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)