

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 339134

1. Entity Name

AMERICAN DISH SERVICE OF SOUTHERN FLORIDA, INC

FILED

May 01, 2000 8:00 am
Secretary of State

05-01-2000 90496 015 ***150.00

Principal Place of Business
1331 S DIXIE HWY 11A
PO BOX 2311
POMPANO BCH FL 33060

Mailing Address
1331 S DIXIE HWY 11A
PO BOX 2311
POMPANO BCH FL 33060-8575

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 43-0948538

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

FERGUSON, SCOTT R
4141 NE 12 AVE.
POMPANO BCH FL 33064

Name WERNER, BERNIE M
Street Address (P.O. Box Number is Not Acceptable)
2650 PINECONE DR
City MELBOURNE FL Zip Code 32935

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 *Bernie M Werner*

4-24-00

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	TS	<input type="checkbox"/> Delete
NAME	WERNER, BERNIE M	
STREET ADDRESS	2650 PINECONE DR	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	P	<input type="checkbox"/> Delete
NAME	FERGUSON, SCOTT R	
STREET ADDRESS	4141 NE 12 AVENUE	
CITY-ST-ZIP	POMPANO BCH, FL 00000	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TAYLOR, DIANE	
STREET ADDRESS	12430 SW 10 CT	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	DAVID R. COURTEMANOHE	
STREET ADDRESS	770 SE 2ND AVE APT A204	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
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
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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: *Scott R. Ferguson* 4-24-00 954-946-2499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #