

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 562703**

1. Entity Name

CALOOSA TELEVISION CORPORATION**FILED**
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90137 033 ***150.00

Principal Place of Business

Mailing Address

P.O. BOX 1971
KINGSPORT TN 37662
USP.O. BOX 1971
KINGSPORT TN 37662-1971
US

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 **22-2194899**

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

HOROWITZ, WILLIAM N.
1715 MONROE ST
FORT MYERS FL 33902-0280

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

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 State10. 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 ☐ Delete
NAME **D**
STREET ADDRESS **FONTANA, JOSEPH D.**
CITY-ST-ZIP **2 VAN ETNA ROAD**
WHITEHOUSE STATION NJTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **CD**
STREET ADDRESS **BOYD, WILLIAM M.**
CITY-ST-ZIP **2325 AVENIDA DE LA PLAYA**
LA JOLLA CA 92037TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **DP**
STREET ADDRESS **DEVAULT, GEORGE E JR**
CITY-ST-ZIP **2153 HEATHERLY ROAD**
KINGSPORT TN 37660TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **VD**
STREET ADDRESS **BOYD, HUGH M**
CITY-ST-ZIP **15055 TAMARIND CAY CT UNIT 1203**
FT MYERS FL 33908TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **T**
STREET ADDRESS **LAWSON, BETTE**
CITY-ST-ZIP **RT 1 BOX 219**
SURGOINVILLE TN 37873TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME **S**
STREET ADDRESS **BRAGG, JANET L**
CITY-ST-ZIP **1816 MAYWOOD DR**
KINGSPORT TN 37660TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/9/00 423-246-9570