

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720774

1. Entity Name

PENSACOLA F.M. REPEATER ASSOCIATION, INC.

**FILED**  
**Apr 24, 2000 8:00 am**  
**Secretary of State**

04-24-2000 90052 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

1307 HOLLIDAY DRIVE  
GULF BREEZE FL 32561

1307 HOLLIDAY DRIVE  
GULF BREEZE FL 32561-2531

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

59-2947562

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

RHODES, EUGENE  
1307 HOLLIDAY DR  
GULF BREEZE FL FL 32561

Name CARABALLO, CRIS

Street Address (P.O. Box Number is Not Acceptable)  
1051 FLEMING DRIVE

City PENSACOLA

FL

Zip Code  
32514

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

4-13-00

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD ☐ Delete  
NAME RHODES, EUGENE  
STREET ADDRESS 1307 HOLLIDAY DR  
CITY-ST-ZIP GULF BREEZE FL

TITLE TD ☒ Change ☐ Addition  
NAME CARABALLO, CRIS  
STREET ADDRESS 1051 FLEMING DRIVE  
CITY-ST-ZIP PENSACOLA FL

TITLE ST ☐ Delete  
NAME LANKFORD, JON C.  
STREET ADDRESS 2855 NORTH MAGNOLIA AVENUE  
CITY-ST-ZIP PENSACOLA FL

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

TITLE PD ☐ Delete  
NAME CARABALLO, CRIS  
STREET ADDRESS 1051 FLEMING DR  
CITY-ST-ZIP PENSACOLA FL

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

TITLE VD ☐ Delete  
NAME KILLOUGH, RAY  
STREET ADDRESS 1450 KINGSLAKE DR  
CITY-ST-ZIP CANTONMENT FL 32506

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete  
NAME ☐ Delete  
STREET ADDRESS ☐ Delete  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE REQUIRED LANKFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00

Date

(850) 432-2206

Daytime Phone #

CR2E037 (9/99)