

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90021 019 ****61.25

DOCUMENT # 736137

1. Entity Name

METROPOLITAN REPEATER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P. O. BOX 2735
 PINELLAS PARK FL 33780

P. O. BOX 2735
 PINELLAS PARK FL 33780-2735

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

59-1708975

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

SMITH, WAYNE O.
5420 CENTRAL AVENUE
ST. PETERSBURG FL 33701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD. BAUSTERT, NATALIE**
 STREET ADDRESS **5037 88TH AVE**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

TITLE ☐ Delete
 NAME **V. SHALLEY, JOE**
 STREET ADDRESS **3704 39TH ST N**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE ☐ Delete
 NAME **T. ADAMS, GARY**
 STREET ADDRESS **8874 117 ST**
 CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE ☐ Delete
 NAME **D. ZIMMERMAN, WILBUR**
 STREET ADDRESS **4724 LAKE CHARLES WAY N**
 CITY-ST-ZIP **KENNETH CITY FL**

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

TITLE ☐ Delete
 NAME **D. HAZELL, WILLIS**
 STREET ADDRESS **14465 TANGLEWOOD DR N**
 CITY-ST-ZIP **LARGO FL**

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

TITLE ☐ Delete
 NAME **S. BAUSTERT, GEORGE**
 STREET ADDRESS **5037 88TH AVE**
 CITY-ST-ZIP **PINELLAS PARK FL**

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

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **GARY LEE ADAMS** 2/5/2000 727-530-8