

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 736137**

1. Entity Name

METROPOLITAN REPEATER ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 2735
PINELLAS PARK FL 33780

Mailing Address

P. O. BOX 2735
PINELLAS PARK FL 33780

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

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

7. Name and Address of New Registered Agent

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BAUSTERT, NATALIE	
STREET ADDRESS	5037 88TH AVE	
CITY-ST-ZIP	PINELLAS PARK FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SHALLEY, JOE	
STREET ADDRESS	3704 39TH ST N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ADAMS, GARY	
STREET ADDRESS	8874 117 ST	
CITY-ST-ZIP	SEMINOLE FL 33772	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIMMERMAN, WILBUR	
STREET ADDRESS	4724 LAKE CHARLES WAY N	
CITY-ST-ZIP	KENNETH CITY FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAZELL, WILLIS	
STREET ADDRESS	14465 TANGLEWOOD DR N	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	BAUSTERT, GEORGE	
STREET ADDRESS	5037 88TH AVE	
CITY-ST-ZIP	PINELLAS PARK FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STARK, JOHN	
STREET ADDRESS	967 22nd Ave S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOVER, RICHARD	
STREET ADDRESS	10097 Hodson Pl.	
CITY-ST-ZIP	SEMINOLE FL 33776	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORTON, RONALD	
STREET ADDRESS	1478 PATEAU Rd.	
CITY-ST-ZIP	GIRARWATER FL 33755	
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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRITT, JEFFREY	
STREET ADDRESS	5010 86th Ave N	
CITY-ST-ZIP	PINELLAS PARK FL 33782	

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: Ronald D. Norton RONALD D. NORTON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/01 727-447-4078

Date Daytime Phone #

CR2E037 (10/00)