

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 763901

1. Entity Name

JACKSONVILLE AREA RADIO STATION ASSOCIATION, INC

Principal Place of Business

P.O. BOX 1074
PONTE VEDRA BCH FL 32004
US

Mailing Address

P.O. BOX 1074
PONTE VEDRA BCH FL 32004-1074
US

2. Principal Place of Business

8386 Baymeadows Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite 1

City & State

City & State

JACKSONVILLE, FL

FL

Zip

Country

Zip

Country

32256

US

6. Name and Address of Current Registered Agent

BYRD, LINDA

1386 BAYMEADOWS ROAD
JACKSONVILLE FL 32256

4. FEI Number

59-2380139

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



7. Name and Address of New Registered Agent

Name

Ralph Christian

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

10592 E. Balmoral St.

City

JAX

FL

Zip Code

32218

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
NAME BYRD, LINDA
STREET ADDRESS 8386 BAYMEADOWS ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☒ Delete

TITLE VPD
NAME CHRISTIAN, RALPH
STREET ADDRESS 10592 EAST BALMORAL CIRCLE, STE 1
CITY-ST-ZIP JACKSONVILLE FL 32218 ☐ Delete

TITLE D
NAME LES SAMUELS
STREET ADDRESS 5555 RADIO LANE
CITY-ST-ZIP JACKSONVILLE FL 32205 ☒ Delete

TITLE PD
NAME WEATHERBY, BUC
STREET ADDRESS 1086 CORPORATE SQ BLVD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE D
NAME SCHWARTZ, MARX
STREET ADDRESS 9090 HOGAN ROAD
CITY-ST-ZIP JACKSONVILLE FL 32216 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D
NAME DAVID MANNING
STREET ADDRESS 8386 Baymeadows Rd, Ste 1
CITY-ST-ZIP JACKSONVILLE, FL 32256 ☐ Change ☒ Addition

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

TITLE D
NAME Steve Nicholl
STREET ADDRESS 4550 Regency Sq Blvd, Ste 200
CITY-ST-ZIP JAX, FL 32225 ☐ Change ☒ Addition

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

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

TITLE VPD
NAME Jon Bosworth
STREET ADDRESS 8386 Baymeadows Rd
CITY-ST-ZIP JAX, FL 32256 ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)