

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90024 006 \*\*\*150.00

**DOCUMENT # 842100**

1. Entity Name

**DEBEAU BROADCASTING, INCORPORATED**

Principal Place of Business

~~ROUTE #1 BOX 579~~  
~~DOSWELL VA 23047~~

Mailing Address

~~P.O. BOX 3179~~  
~~PORT CHARLOTTE FL 33949~~  
~~US~~

536 Belvedere Court

536 Belvedere Court

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Punta Gorda, Florida

Punta Gorda, Florida

City & State

City & State

Zip

33950

Country

USA

Zip

33950

Country

USA

6. Name and Address of Current Registered Agent

**LORICCO, CARLO J.**  
**3443 TAMiami DRIVE**  
**PT.CHARLOTTE FL 33949**

7. Name and Address of New Registered Agent

Name LORICCO, CARLO J.  
 Street Address (P.O. Box number is Not Acceptable) 3005 CARING WAY, Suite A  
 City PORT CHARLOTTE FL 33952

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, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	DEBEAU, LAWRENCE N.	
STREET ADDRESS	536 BELVEDERE CT	
CITY-ST-ZIP	PUNTA GORDON FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DEBEAU, MILDRED M.	
STREET ADDRESS	536 BELVEDERE CT	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	<del>PT</del>	<input checked="" type="checkbox"/> Delete
NAME	<del>LORICCO, CARLO J</del>	
STREET ADDRESS	<del>3005 CARING WAY</del>	
CITY-ST-ZIP	<del>PORT CHARLOTTE FL</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<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	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Lawrence N. Debeau  
 LAURENCE DEBEAU

President

Date

941-639-9652

Daytime Phone #

CR2E034 (10/00)