

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F34198

1. Entity Name

HUBBARD COMMUNICATIONS, INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90040 040 ***150.00

Principal Place of Business

9675 4TH STREET NORTH
ST. PETERSBURG FL 33702

Mailing Address

3415 UNIVERSITY AVE. W
SAINT PAUL MN 55114-1019

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

93-0792081

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ORGERA, GEORGE
9675 4TH ST N
ST PETERSBURG FL 33702

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Delete
NAME	HUBBARD, STANLEY S	
STREET ADDRESS	3415 UNIVERSITY AVE	
CITY-ST-ZIP	ST PAUL MN 55114	
TITLE	T	<input type="checkbox"/> Delete
NAME	DEENEY, GERALD D	
STREET ADDRESS	3415 UNIVERSITY AVENUE	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ORGERA, GEORGE	
STREET ADDRESS	9675 FOURTH ST N	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROMINSKI, KATHRYN H.	
STREET ADDRESS	3415 UNIVERSITY AVE.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	D	<input type="checkbox"/> Delete
NAME	HUBBARD, KAREN	
STREET ADDRESS	3415 UNIVERSITY AVE.	
CITY-ST-ZIP	ST. PAUL MN	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HUBBARD, STANLEY E II	
STREET ADDRESS	3415 UNIVERSITY AVE	
CITY-ST-ZIP	ST PAUL MN 55114	

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.

Gerald Deeney,

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/11/00

Daytime Phone #

651-642-4300

CR2E034 (9/99)