

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003391

1. Entity Name

~~TORRENCE CABLEVISION, U.S.A., INC.~~

CABLESOUTH, INC.

Principal Place of Business

8 LAKE LAND CIRCLE
JACKSON MS 39216

Mailing Address

PO BOX 6003
RIDGELAND MS 39158

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

64-0862219

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

BURWELL, JOHN
9815 HWY. 98 WEST
UNIT #750
DESTIN FL 32541

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	TORRENCE, KIM A	
STREET ADDRESS	128 SPINDLEWOOD DR	
CITY-ST-ZIP	MADISON MS 39110	
TITLE	T	<input type="checkbox"/> Delete
NAME	TORRENCE, KIM A	
STREET ADDRESS	87 ST. ANDREWS DRIVE	
CITY-ST-ZIP	JACKSON MS 39211	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Vice-President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa P. McDaniel	
STREET ADDRESS	8 Lakeland Circle	
CITY-ST-ZIP	Jackson, MS 39216	
TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry K. Breithaupt	
STREET ADDRESS	8 Lakeland Circle	
CITY-ST-ZIP	Jackson, MS 39216	
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:

Lisa P. McDaniel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00
Date

601-981-0291
Daytime Phone #

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90035 027 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)