

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005884

1. Entity Name

JOY PUBLIC BROADCASTING CORPORATION

FILED
Aug 22, 2000 8:00 am
Secretary of State

08-22-2000 90223 028 ****70.00

Principal Place of Business

835 S. BERTHE ST.
 PANAMA CITY FL 32404

Mailing Address

835 S. BERTHE ST.
 PANAMA CITY FL 32404

2. Principal Place of Business

835 A S. Berthe Ave.

3. Mailing Address

410 Douthett & Assoc, Ctd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Topeka, KS

Zip

Country

Zip

Country

66614

USA

4. FEI Number 52-1222047

Applied For
 Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~JOY ROBERT~~
 835 A BERTHE
 PANAMA CITY FL 32404

7. Name and Address of New Registered Agent

Name Mike Jacobs
 Street Address (P.O. Box Number is Not Acceptable) 835A S. Berthe Ave.
 City Panama City FL Zip Code 32404

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 *Mike Jacobs*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Mike Jacobs 7/31/00

FILE NOW: FEE IS \$61.25

After September 13, 2000 min. will be \$236.25

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	CP D	<input type="checkbox"/> Delete
NAME	BUSH, LOWELL M	
STREET ADDRESS	341 S. WASHINGTON	
CITY-ST-ZIP	LANCASTER WI 53813	
TITLE	CP	<input type="checkbox"/> Delete
NAME	BUSH, JOYCE	
STREET ADDRESS	341 S WASHINGTON	
CITY-ST-ZIP	LANCASTER-WI 53813	
TITLE	T	<input type="checkbox"/> Delete
NAME	ANGELL, EARL V	
STREET ADDRESS	1211 ST LUKE DR STE 304	
CITY-ST-ZIP	SPENCER IA 51301-6064	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, JON	
STREET ADDRESS	331 3RD AVE NW	
CITY-ST-ZIP	EPHRATA WA 99923	
TITLE	D	<input type="checkbox"/> Delete
NAME	Mark Bush	
STREET ADDRESS	4050 Sterling	
CITY-ST-ZIP	Downes Grove, IL 60515	
TITLE	Joyce Bush	<input type="checkbox"/> Delete
NAME	Joyce Bush	
STREET ADDRESS	341 S WASHINGTON	
CITY-ST-ZIP	LANCASTER-WI 53813	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lowell M Bush	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joyce Bush	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Bush	
STREET ADDRESS	4050 Sterling	
CITY-ST-ZIP	Downes Grove, IL 60515	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

X SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 7/20/00 785-272-4832
 JOYCE BUSH

Date

Daytime Phone #

CF2E037 (5/00)