

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000000225**

1. Entity Name

SEA BREEZE COMMUNICATION COMPANY

Principal Place of Business

**4111 E. 37TH STREET NORTH
WICHITA KS 67220**

Mailing Address

**P O BOX 2256
ATTN: TAX SERVICES
WICHITA KS 67220**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, 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	D	<input type="checkbox"/> Delete
NAME	DAMIRIS, GEORGE J	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARLAND, TYE G	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	
TITLE	D	<input type="checkbox"/> Delete
NAME	PITTINGER, JOHN C	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	
TITLE	P	<input type="checkbox"/> Delete
NAME	ANDREW, JIM	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAMIRIS, GEORGE J	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALDWELL, H ALLAN	
STREET ADDRESS	4111 E. 37TH STREET NORTH	
CITY - ST - ZIP	WICHITA KS 67220	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jill Bryant
Asst. Treasurer**

Date

Daytime Phone #

**FILED
May 01, 2001 8:00 am
Secretary of State**

05-01-2001 90059 019 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)