## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 12, 2000 8:00 am **DOCUMENT # H31681 Secretary of State** 1. Entity Name SEACOAST COMMUNICATIONS GROUP INC. 01-12-2000 90007 013 \*\*\*158.75 Mailing Address Principal Place of Business 3628 MAMARONECK CT 3628 MAMARONECK CT GREEN COVE SPGS FL 32043 GREEN COVE SPGS FL 32043-8026 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2474871 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WHITE, GEORGE J. Street Address (P.O. Box Number is Not Acceptable) 3628 MAMARONECK CT **GREEN COVE SPGS FL 32043** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition PD TITLE TITLE ☐ Delete WHITE, GEORGE J., JR NAME NAME STREET ADDRESS STREET ADDRESS 3628 MAMARONECK CT CITY-ST-ZIP CITY-ST-ZIP **GREEN COVE SPGS FL 32043** Change Addition ☐ Delete TITLE TITLE JONES, JEAN W ELLIOTT NAME NAME STREET ADDRESS STREET ADDRESS 12 ROSELAWN LANE CITY-ST-ZIP CITY-ST-ZIP MALVERN PA ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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