

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H31681

1. Entity Name

SEACOAST COMMUNICATIONS GROUP INC.

FILED
Mar 01, 2001 8:00 am
Secretary of State

03-01-2001 90055 020 ***158.75

010251



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3628 MAMARONECK CT
GREEN COVE SPGS FL 32043
US

Mailing Address
3628 MAMARONECK CT
GREEN COVE SPGS FL 32043
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2474871

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

WHITE, GEORGE J.
3628 MAMARONECK CT
GREEN COVE SPGS FL 32043

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WHITE, GEORGE J., JR
STREET ADDRESS 3628 MAMARONECK CT
CITY-STATE-ZIP GREEN COVE SPGS FL 32043 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ST
NAME JONES, JEAN W ELLIOTT
STREET ADDRESS 12 ROSELAWN LANE
CITY-STATE-ZIP MALVERN PA ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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CITY-STATE-ZIP ☐ Delete

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CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

GEORGE J. WHITE JR

2/2/01

Date

904-529-1457

Daytime Phone #

CR2E034 (10/00)