

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 15, 2000 8:00 am**  
**Secretary of State**

02-15-2000 90049 010 \*\*\*150.00

**DOCUMENT # H40314**

1. Entity Name

**SOUTHERN BROADCAST GROUP, INC.**

Principal Place of Business

% J. BRUCE IRVING  
501 BRICKELL KEY DR 300  
MIAMI FL 33131-9608

Mailing Address

% J. BRUCE IRVING  
501 BRICKELL KEY DR 300  
MIAMI FL 33131-2624

2. Principal Place of Business

**% J. BRUCE IRVING**

3. Mailing Address

**% J. BRUCE IRVING**

Suite, Apt. #, etc.

**601 BRICKELL KEY DR., #801**

Suite, Apt. #, etc.

**601 BRICKELL KEY DR., #801**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

Zip

**33131**

Country

**MIAMI-DADE**

Zip

**33131**

Country

**MIAMI-DADE**

6. Name and Address of Current Registered Agent

**IRVING, J. BRUCE**  
**501 BRICKELL KEY DR., #300**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **SAME**

Street Address (P.O. Box Number is Not Acceptable)

**601 BRICKELL KEY DR., #801**

City **MIAMI**

FL

Zip Code **33131**

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

*J. Bruce Irving* **J. BRUCE IRVING**

**1/18/00**

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, 2000 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	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>IRVING, J. BRUCE</b>	
STREET ADDRESS	<b>501 BRICKELL KEY DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BARKER, DOUGLAS C.</b>	
STREET ADDRESS	<b>6412 WOODLAKE RD.</b>	
CITY-ST-ZIP	<b>JUPITER FL 33458</b>	
TITLE	<b>DVT</b>	<input type="checkbox"/> Delete
NAME	<b>CALVO, J. MANUEL</b>	
STREET ADDRESS	<b>10900 S.W. 139 RD</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEIBOWITZ, MATTHEW L.</b>	
STREET ADDRESS	<b>ONE S.E. THIRD AVE. #1450</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>J. BRUCE IRVING</b>	
STREET ADDRESS	<b>601 BRICKELL KEY DR., #801</b>	
CITY-ST-ZIP	<b>MIAMI, FL. 33131</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALVO, J. MANUEL</b>	
STREET ADDRESS	<b>5725 LAWTON DR.</b>	
CITY-ST-ZIP	<b>SARASOTA, FL 33583</b>	
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: *Douglas C. Barker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-12-00**

Date

**361-659-4122**

Daytime Phone #

CR2E034 (9/99)