

2000 UNIFORM BUSINESS REPORT (UBR)

0576246

DOCUMENT # H55991

1. Entity Name

SOUTH FLORIDA RADIO, INC.

FILED

00 APR 26 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

1601 BELVEDERE RD
S204E
W PALM BCH FL 33405
US

Mailing Address

2806 FAIRWOOD DR
RENO NV 89502-7760
US

2. Principal Place of Business

3. Mailing Address

2406 S. Congress Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

West Palm Beach FL

4. FEI Number

68-0108894

Applied For

Not Applicable

Zip

Country

Zip

Country

33406

USA

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

AUEL, CARL J
1601 BELVEDERE RODA, SUITE 204E
WEST PALM BEACH FL 33406

Name

James W. Hilliard

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

2406 S. Congress Ave

City

West Palm Beach

FL

Zip Code
33406

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

3/31/00

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-17, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME AUEL, CARL J.
STREET ADDRESS 1601 BELVEDERE RD 204 E.
CITY-ST-ZIP W PALM BCH FL 33406

☐ Delete

TITLE PD
NAME James C. Hilliard
STREET ADDRESS 7 Ocean Place
CITY-ST-ZIP Highland Beach FL 33487

☐ Change

☒ Addition

TITLE STD
NAME SMITH, SCOTT L
STREET ADDRESS 3300 KARCHNER RD.
CITY-ST-ZIP SHERIDAN CA 95681

☒ Delete

TITLE VP
NAME James W. Hilliard
STREET ADDRESS 7 Ocean Place
CITY-ST-ZIP Highland Beach, FL 33487

☐ Change

☒ Addition

TITLE VD
NAME ROBERT A. JONES
STREET ADDRESS 6473 BLACK HAWK TRAIL
CITY-ST-ZIP INDIAN HEAD PARK IL

☒ Delete

TITLE VP
NAME Richard C. Hinds
STREET ADDRESS 3557 Cypress Wood Ct
CITY-ST-ZIP Lake Worth, FL 33467

☐ Change

☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

SP

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, until other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/00

Date

(561) 432-5100

Daytime Phone #