

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H55991**

1. Entity Name
SOUTH FLORIDA RADIO, INC.

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS

02 MAR 13 PM 2:56

Principal Place of Business
**1601 BELVEDERE RD
S204E
W PALM BCH FL 33405
US**

Mailing Address
**2406 S. CONGRESS AVE
WEST PALM BEACH FL 33406
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

02-28-02 90035 001 \$1500.00

4. FEI Number **68-0108894**

Applied For
Not Applicable

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

**HILLIARD, JAMES W
2406 S. CONGRESS AVE
WEST PALM BEACH FL 33406**

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, 2002 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PD	HILLIARD, JAMES C	7 OCEAN PLACE	HIGHLAND BEACH FL 33487				
VP	HILLIARD, JAMES W	7 OCEAN PLACE	HIGHLAND BEACH FL 33487				
VP	HINDS, RICHARD C	3557 CYPRESS WOOD CT	LAKE WORTH FL 33487				

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: **JAMES W. HILLIARD**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Hilliard 2/6/02 (561) 868-1100

CR2E034 (9/01)