

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60010

1. Entity Name

CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUN

Principal Place of Business

1107 WEIGLE AVE  
SEBRING FL 33870  
US

Mailing Address

1107 WEIGLE AVE  
SEBRING FL 33870-4266  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEAL, SHIRLEY V  
1021 WEIGLE AVE.  
SEBRING FL 33870

7. Name and Address of New Registered Agent

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, 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 PD  
NAME NEAL, SHIRLEY V  
STREET ADDRESS 1505 COLMAR AVE  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE STD  
NAME NEAL, VICTORIA B  
STREET ADDRESS 5215 CAMERON CRK CIR -#129  
CITY-ST-ZIP FT WORTH FL 76132 ☐ Delete

TITLE CD  
NAME NEAL, ROBERT D  
STREET ADDRESS 1505 COLMAR AVE  
CITY-ST-ZIP SEBRING FL 33870 ☐ Delete

TITLE D  
NAME NEAL, DOUGLAS J  
STREET ADDRESS 13425 -108 AVE NE  
CITY-ST-ZIP KIRKLAND WA 98034 ☐ Delete

TITLE D  
NAME NEAL, ANTHONY E  
STREET ADDRESS 11200 NW 39TH ST APT B  
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE D  
NAME NEAL, DOUGLAS J.  
STREET ADDRESS P.O. Box 19023  
CITY-ST-ZIP N. Hollywood CA 91603 ☒ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-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: Shirley V. Neal  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-00 863-3853309  
Date Daytime Phone #

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90004 005 \*\*\*150.00

0 0 0 0 0 0



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2545048** ☐ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

CR2E034 (9/99)