

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H60010

1. Entity Name

CENTRAL FLORIDA COMMUNICATIONS OF HIGHLANDS COUN

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90070 034 ***150.00

Principal Place of Business

1107 WEIGLE AVE
SEBRING FL 33870
US

Mailing Address

1107 WEIGLE AVE
SEBRING FL 33870
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2545048**

Applied For

Not Applicable

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

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

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 re-statuting)

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

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

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

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

TITLE D
NAME NEAL, DOUGLAS J
STREET ADDRESS PO BOX 19023
CITY-STATE-ZIP N HOLLYWOOD CA 91603 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

Shirley V. Neal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

863-385-3309

CR2E034 (10/00)