

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H65457

1. Entity Name

BESSINGER BROADCAST, INC..

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90028 011 ***150.00

Principal Place of Business

Mailing Address

% LARRY WAYNE BESSINGER
 405 WILSON AVE.
 SATELLITE BEACH FL 32937

% LARRY WAYNE BESSINGER
 405 WILSON AVE.
 SATELLITE BEACH FL 32937-2937



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

% Larry Bessinger

% Larry Bessinger

Suite, Apt. #, etc.

Suite, Apt. #, etc.

405 Wilson Ave.

405 Wilson Ave.

City & State

City & State

Satellite Beach FL

Satellite Beach FL

Zip

Country

Zip

Country

32937

32937

4. FEI Number

59-2556508

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

BESSINGER, LARRY WAYNE
 405 WILSON AVE.
 SATELLITE BEACH FL 32937

Name

Bessinger, Larry

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

405 Wilson Ave.

City

Satellite Beach

FL

Zip Code

32937

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS ☐ Delete
 NAME BESSINGER, LARRY WAYNE
 STREET ADDRESS 405 WILSON AVE.
 CITY-ST-ZIP SATELLITE BEACH FL

TITLE PDS ☒ Change ☐ Addition
 NAME Bessinger, Larry
 STREET ADDRESS 405 Wilson Ave.
 CITY-ST-ZIP Satellite Beach, FL

TITLE D ☐ Delete
 NAME BESSINGER, DONALD JOHN
 STREET ADDRESS 405 WILSON AVE
 CITY-ST-ZIP SATELLITE BEACH FL

TITLE D ☒ Change ☐ Addition
 NAME Bessinger, Donald
 STREET ADDRESS 405 Wilson Ave.
 CITY-ST-ZIP Satellite Beach, FL

TITLE D ☐ Delete
 NAME BESSINGER, BERENDA BOBE
 STREET ADDRESS 405 WILSON AVE
 CITY-ST-ZIP SATELLITE BEACH FL

TITLE D ☒ Change ☐ Addition
 NAME Bessinger, Berenda
 STREET ADDRESS 405 Wilson Ave.
 CITY-ST-ZIP Satellite Beach, FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Larry Bessinger
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry Bessinger

5/1/2000
 Date

Daytime Phone #

CR2E034 (9/99)