

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J14879

1. Entity Name

SOUTHERN BROADCAST CORPORATION OF SARASOTA

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90057 001 ***150.00

Principal Place of Business

5725 LAWTON DRIVE
SARASOTA FL 34233
US

Mailing Address

C/O J. BRUCE IRVING, ESQ.
501 BRICKELL KEY DRIVE, SUITE 300
MIAMI FL 33131-2624
US

2. Principal Place of Business

3. Mailing Address

90 J. BRUCE IRVING

Suite, Apt. #, etc.

Suite, Apt. #, etc.

601 BRICKELL KEY DR., #801

City & State

City & State

MIAMI, FL

Zip

Country

Zip

Country

33131

MIAMI-DADE

4. FEI Number

59-2698542

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

IRVING, J. BRUCE
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131

Name

NAME

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

601 BRICKELL KEY DR., #801

City

MIAMI

FL

Zip Code

33131

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 J. Bruce Irving, J. BRUCE IRVING

1/19/00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	BIRCH, EDWARD J	8400 ROUTE 13	LEVITTOWN PA	<input type="checkbox"/>
V	CALVO, MANUEL J	5725 AWTON DR	SARASOTA FL	<input type="checkbox"/>
D	LEIBOWITZ, MATTHEW L	ONE S.E. THIRD AVE., STE. 1450	MIAMI FL 33131	<input checked="" type="checkbox"/>
PD	SMITH, CAROLYN C	8400 ROUTE 13	LEVITTOWN PA	<input type="checkbox"/>
VD	ELLIS, SHIRLEY C	8400 ROUTE 13	LEVITTOWN PA	<input type="checkbox"/>
VSD	HARDY, SANDRA C	8400 ROUTE 13	LEVITTOWN PA	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 J. Manuel Calvo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/00

Daytime Phone #

941-923-8840

CR2E034 (9/99)