

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J94458

1. Entity Name

SUNBELT COMMUNICATIONS, INC.

FILED
Feb 08, 2000 8:00 am
Secretary of State

02-08-2000 90047 050 ***158.75

Principal Place of Business
P.O. BOX 877
ORANGE PARK FL 32067
US

Mailing Address

P.O. BOX 877
ORANGE PARK FL 32067-0877



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2845938**

Applied For
Not Applicable

Zip Country

Zip

Country

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

DAVIS, STAFFORD J
1755 LONG SLOUGH WALK
ORANGE PK FL 32073

Name
Davis, Stafford, Jr.

Street Address (P.O. Box Number is Not Acceptable)
2815-B Bolton

City
Orange Park

FL Zip Code
32065

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
DAVIS, STAFFORD, JR.
2075 SALT MYRTLE
ORANGE PARK FL 32073

☐ Delete

TITLE
NAME
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CITY-ST-ZIP
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13. I hereby certify that the information supplied on this report is true and accurate to the best of my knowledge and belief. 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:

Stafford Davis, Jr. REQUIRED

2/3/2000

(904) 276-3988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #