

# 2000 UNIFORM BUSINESS REPORT (UBR)

0029265

DOCUMENT # K03047

1. Entity Name

CENTRAL FLORIDA COMMUNICATIONS GROUP, INC.

FILED

00 MAR -7 AM 10:50

Principal Place of Business

Mailing Address

SOUTH M.L. KING BOULEVARD  
BOX 1873  
BEACH FL 32115

427 SOUTH M.L. KING BOULEVARD  
P.O. BOX 1873  
DAYTONA BEACH FL 32115-1873

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2902196

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

Name

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

City

FL

Zip Code

CHERRY, CHARLES W.  
429 S MLK BLVD  
DAYTONA BEACH FL 32114

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 VP  
NAME CHERRY, CHARLES W.  
STREET ADDRESS 429 S. MARTIN L. KING BL  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100003170711-19  
-03/15/00--01037--007  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE P  
NAME CHERRY, JULIA T.  
STREET ADDRESS 429 S. MARTIN L. KING BL  
CITY-ST-ZIP DAYTONA BEACH FL

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles W. Cherry

3/2/00

904/258-1889

Date

Daytime Phone #

CR2E034 (9/99)