

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90111 049 ***150.00

DOCUMENT # K81760

1. Entity Name

RAINBOW 58 BROADCASTING, INC.

Principal Place of Business

Mailing Address

5580 NW 75 AVE
OCALA FL 34482
US

5580 NW 75 AVE
OCALA FL 34482-6716
US

2. Principal Place of Business

3. Mailing Address

8317 FRONT BEACH RD
SUITE 23

P.O. BOX 9556
SUITE, Apt. #, etc.

PANAMA CITY

PANAMA CITY

FL **BA**

32417 **BA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2997778**

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

SHARP, H.J.
5580 NW 75 AVE
OCALA FL 34482

JUD COLLEY
8317 FRONT BEACH RD
SUITE 23
PANAMA CITY FL 32407

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 **JUD COLLEY**
Signature, typed or printed name of registered agent and file if applicable.

[Handwritten Signature]

1-18-00

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	CPD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, H. JAMES	
STREET ADDRESS	5580 NW 75 AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	VSTD	<input checked="" type="checkbox"/> Delete VST
NAME	SHARP, NANCY P.	
STREET ADDRESS	5580 NW 75 AVE	
CITY-ST-ZIP	OCALA FL 34482	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROWAN, WENDELL M.	
STREET ADDRESS	602 MOUNTAIN DRIVE	
CITY-ST-ZIP	DESTIN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUD COLLEY	
STREET ADDRESS	8317 FRONT BEACH RD #23	
CITY-ST-ZIP	PANAMA CITY, FL 32407	
TITLE	VP, SEC-TRE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TONI DAVIS	
STREET ADDRESS	8317 FRONT BEACH RD #23	
CITY-ST-ZIP	PANAMA CITY, FL 32407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/2000

Date

352 622 7550

Daytime Phone #

CR2E034 (9/99)