

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90086 021 ***150.00

DOCUMENT # L89649

1. Entity Name

EAST FLORIDA COMMUNICATIONS, INC.

Principal Place of Business

Mailing Address

~~221 S. RIDGEWOOD AVENUE~~
~~DAYTONA BEACH FL 32114~~
~~US~~

~~221 S. RIDGEWOOD AVENUE~~
~~DAYTONA BEACH FL 32114-4317~~
~~US~~

2. Principal Place of Business

290 WOODCLIFF DR

3. Mailing Address

290 WOODCLIFF DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FAIRPORT, NY

City & State

FAIRPORT, NY

Zip

14450

Country

US

Zip

14450

Country

US

4. FEI Number

59-3020863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

WHITLEY, J. GORDON
350 CUMBERLAND AVENUE
ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, JOHN GORDON	
STREET ADDRESS	221 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WHITLEY, CATHLEEN J	
STREET ADDRESS	221 S. RIDGEWOOD AVENUE	
CITY-ST-ZIP	DAYTONA BEACH 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		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARUNAS A. CHAGSONIS	
STREET ADDRESS	13 BUCKTHORN RUN	
CITY-ST-ZIP	VICTOR, NY 14564	
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD OTTALAGANA	
STREET ADDRESS	965 STRONG RD	
CITY-ST-ZIP	VICTOR, NY 14564	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADFORD M. BONO	
STREET ADDRESS	5 BROMLEY CT	
CITY-ST-ZIP	VOORHEES, NJ 08043	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH D. AMBERSLEY	
STREET ADDRESS	4007 W. MADURA RD	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN GORDON WHITLEY	
STREET ADDRESS	221 S. RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/00

Date

716-340-2559

Daytime Phone #