

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # L98000001465

1. Entity Name

ADVANCED PRIVATE CABLE, L.C.

00 MAY -1 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

C/O LUBINER & SCHMIDT. ESQ.
515 NORTH MICHIGAN AVE.
KENILWORTH NJ 07033

Mailing Address

C/O LUBINER & SCHMIDT. ESQ.
515 NORTH MICHIGAN AVE.
KENILWORTH NJ 07033-1076

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2405079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ☐ Delete
BOYMAN, CHRISTOPHER
STREET ADDRESS 515 NORTH MICHIGAN AVENUE
CITY-ST-ZIP KENILWORTH NJ 07033

TITLE NAME MGRM ☐ Delete
RUTLEDGE, MALCOM
STREET ADDRESS 674 MONTICELLO WAY
CITY-ST-ZIP MARIETTA GA 30067

TITLE NAME MGRM ☐ Delete
ROEHRS, JOHN M.D.
STREET ADDRESS 7710 MERCY ROAD, #428
CITY-ST-ZIP OMAHA NE 68124

TITLE NAME MGRM ☐ Delete
MCKINNEY, WILBUR
STREET ADDRESS 8318 COLUMBIA DRIVE
CITY-ST-ZIP TYLER TX 75713

TITLE NAME MGRM ☐ Delete
SINCLAIR, MICHAEL M.D.
STREET ADDRESS 13005 SOUTHERN BLVD., SUITE 111
CITY-ST-ZIP LOXAHATCHEE FL 33740

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME MGRM ☒ Change ☐ Addition
HAYES, DENNIS
STREET ADDRESS 651 FAIRACRES RD.
CITY-ST-ZIP OMAHA, NE 68132

TITLE NAME MGRM ☒ Change ☐ Addition
STEVEN COPELAND
STREET ADDRESS 11222 EAST PINE STREET
CITY-ST-ZIP TULSA, OK 74116

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 90000325649--2
CITY-ST-ZIP -05/18/00--01011--006
*****50.00 *****50.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

CHRISTOPHER BOYMAN

Date

Daytime Phone #

CR2E083 (9/99)