

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001465

1. Entity Name

ADVANCED PRIVATE CABLE, L.C.

FILED

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

ATTN: Clarence
581 S. Dunbar
TALLAHASSEE, FLORIDA
323156

SEP 20 PM 12:17
SECRETARY OF STATE

2. Principal Place of Business

1175 N.E. CLEVELAND ST.
Suite, Apt. #, etc.

3. Mailing Address

1175 N.E. CLEVELAND ST.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

FLORIDA

City & State

CLEARWATER, FL.

4. FEI Number

58-2405079

Applied For

Not Applicable

Zip

Country

33755 U.S.A.

Zip

Country

33755 U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

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
KATE HESSTON

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

1175 N.E. CLEVELAND ST.

CLEARWATER,

City

FL

Zip Code

33755

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

John A. Toehr

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/20/01

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004623924--6
-10/04/01--01069--017
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | HAYES, DENNIS | |
| STREET ADDRESS | 651 FAIRACRES RD. | |
| CITY-ST-ZIP | OMAHA NE 68132 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | COPELAND, STEVEN | |
| STREET ADDRESS | 11222 EAST PINE STREET | |
| CITY-ST-ZIP | TULSA OK 74116 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | ROEHRS, JOHN M.D. | |
| STREET ADDRESS | 7710 MERCY ROAD, #428 | |
| CITY-ST-ZIP | OMAHA NE 68124 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | MCKINNEY, WILBUR | |
| STREET ADDRESS | 8318 COLUMBIA DRIVE | |
| CITY-ST-ZIP | TYLER TX 75713 | |
| TITLE | MGRM | <input type="checkbox"/> Delete |
| NAME | SINCLAIR, MICHAEL M.D. | |
| STREET ADDRESS | 13005 SOUTHERN BLVD., SUITE 111 | |
| CITY-ST-ZIP | LOXAHATCHEE FL 33740 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | |
|----------------|---|
| 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 | |
| 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 | |

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:

John A. Toehr

8/20/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (5/01)