

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002959

1. Entity Name
AMERICAN GREYHOUND BROADCAST ASSOCIATION, L.L.C.

FILED

01 MAR 22 AM 10: 32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10490 GANDY BOULEVARD
ST. PETERSBURG FL 33702-2395

Mailing Address
P.O. BOX 22099
ST. PETERSBURG FL 32742-2099



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3546352

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HLAS, STEPHEN P
10490 GANDY BOULEVARD
ST. PETERSBURG FL 33702-2395

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

10. ADDITIONS/CHANGES

TITLE MGR
NAME KORMAN, HOWARD I
STREET ADDRESS 4490 SOUTHSIDE BOULEVARD
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003924402-3
-03/28/01--01094--003
*****50.00 *****50.00

TITLE MGR
NAME HLAS, STEPHEN P
STREET ADDRESS 10490 GANDY BOULEVARD
CITY-ST-ZIP ST. PETERSBURG FL 33702-2395

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME LAUGHLIN, ARTHUR J
STREET ADDRESS 1111 NORTH CONGRESS AVENUE
CITY-ST-ZIP WEST PALM BEACH FL 33409-6317

TITLE
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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: X

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

Date

Daytime Phone #

31201

727 896 3220

CR2E083 (11/00)