

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004923

1. Entity Name

NEXUSTAR, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 AUG 31 AM 10:02

Principal Place of Business

600 SEA SAGE DRIVE  
DELRAY BEACH FL 33483

Mailing Address

600 SEA SAGE DRIVE  
DELRAY BEACH FL 33483

2. Principal Place of Business

3. Mailing Address

403 Southeast 1st Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Delray Beach, Florida

Zip

Country

Zip

Country

33483

Palm Beach

4. FEI Number

65-0953102

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

7. Name and Address of New Registered Agent

MOORE, W. RODGERS  
STE 210-A, 4800 NORTH FEDERAL HWY  
BOCA RATON FL 33431

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/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
DEA, RICHARD F  
STREET ADDRESS 600 SEA SAGE DRIVE  
CITY-ST-ZIP DELRAY BEACH FL

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

TITLE NAME ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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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:

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

Date

Daytime Phone #

8/24/00

CP2E083 (5/00)