

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M67505

1. Entity Name

INTERMART BROADCASTING GULF COAST, INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90068 043 ***150.00

Principal Place of Business

Mailing Address

~~0140 BONITA BEACH RD~~
~~#205~~
~~BONITA SPRINGS FL 34135~~

~~0140 BONITA BEACH RD~~
~~#205~~
~~BONITA SPRINGS FL 34135~~

2. Principal Place of Business

6380 Cocos Drive
Suite, Apt. #, etc.

3. Mailing Address

16520 S. Tamiami Tr.
Suite, Apt. #, etc.
#18-283



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers FL

City & State

Ft Myers FL

4. FEI Number 59-2874197

Applied For

Not Applicable

Zip

Country

33908

Zip

Country

33908

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MARTIN, JAMES E., JR~~
~~0140 BONITA BEACH RD~~
~~#205~~
~~BONITA BEACH FL 34105~~

Name Patricia S. Dahlin
Street Address (P.O. Box Number is Not Acceptable)
6380 Cocos Drive
City Ft Myers FL Zip Code 33908

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME MARTIN, JAMES E., JR
STREET ADDRESS PO BOX 1427
CITY-ST-ZIP BOCA RATON FL ☐ Delete

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

TITLE VTS
NAME DAHLIN, PATRICIA
STREET ADDRESS 6380 COROS DRIVE
CITY-ST-ZIP FORT MYERS FL 33908 ☐ Delete

TITLE
NAME
STREET ADDRESS 6380 Cocos Dr.
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

CR2E034 (10/00)