

Ameddey # 61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **M95513**

1. Entity Name

Large Coast Audio Visual Producers, Inc

Principal Place of Business

Mailing Address

FILED

00 NOV -2 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

19 W. GARDEN ST

19 W. GARDEN ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 100

City & State

City & State

PENSACOLA, FL

PENSACOLA

Zip

Country

Zip

Country

32501

USA

32501

USA

4. FEI Number

59-2917024

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 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

Charles W. Edwards

19 W. Garden St.

Suite 100

Pensacola, FL 32501

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 **PRESIDENT-D** ☐ Delete
NAME **CHARLES W. EDWARDS**
STREET ADDRESS **19 W. GARDEN ST #100**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **SECRETARY/TREASURER-D** ☐ Change ☒ Addition
NAME **TIM LUDVIGSEN**
STREET ADDRESS **19 W. GARDEN ST #100**
CITY-ST-ZIP **PENSACOLA, FL 32501**

TITLE **JOHN M. GRIFFIN** ☒ Delete
NAME **SECRETARY/TREASURER**
STREET ADDRESS **19 W. GARDEN ST #100**
CITY-ST-ZIP **PENSACOLA, FL 32501**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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: **Chas W. Edwards** **PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/09/00 **850-433-3016**

Date

Daytime Phone #

CR2E034 (5/00)