

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003483

1. Entity Name

POLK AREA COMMUNITY RADIO, INC.

Principal Place of Business

Mailing Address

219 GREEN MEADOWS DR.  
WINTER HAVEN FL 33884

219 GREEN MEADOWS DR.  
WINTER HAVEN FL 33884

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

03-2385654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GONSALVES, FRANK  
219 GREEN MEADOWS DR.  
WINTER HAVEN FL 33884

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 \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME GONSALVES, FRANK  
STREET ADDRESS 219 GREEN MEADOW DR  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE VPTD  
NAME GONSALVES, DIANNE  
STREET ADDRESS 219 GREEN MEADOW DR  
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ Delete

TITLE ID  
NAME SENCLESKI, MICHAEL  
STREET ADDRESS 464 FLAMINGO DR  
CITY-ST-ZIP APOLLO BEACH FL 33572 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

1/7/02

863-518-9879

Date

Daytime Phone #

FILED  
Jan 10, 2002 8:00 am  
Secretary of State

01-10-2002 90007 008 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE

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CR2E037 (9/01)