

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N04365

1. Entity Name

CABLEVISION OF CENTRAL FLORIDA EMPLOYEES POLITIC

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90059 047 ****61.25

Principal Place of Business

Mailing Address

3767 ALL AMERICAN BLVD.
% SPENCER. DAVID
ORLANDO FL 32810-4728

3767 ALL AMERICAN BLVD.
% SPENCER. DAVID
ORLANDO FL 32810-4728

2. Principal Place of Business

3. Mailing Address

2251 LUCIEN WAY

2251 LUCIEN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200 B

SUITE 200 B

City & State

City & State

MAITLAND, FL

MAITLAND, FL

Zip

Country

Zip

Country

32751

32751



DO NOT WRITE IN THIS SPACE

4. FEI Number

84-0960559

Applied For

Not Applicable

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

SPENCER, DAVID
3767 ALL AMERICAN BLVD.
ORLANDO FL 32810

Name

DIANE B. PICKETT

Street Address (P.O. Box Number is Not Acceptable)

2251 LUCIEN WAY

SUITE 320

City

MAITLAND

FL

Zip Code

32751

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

Diane Pickett

4-6-00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME PICKETT, DIANE B.
STREET ADDRESS 2251 LUCIEN WAY
CITY-ST-ZIP MAITLAND FL

TITLE D ☐ Change ☒ Addition
NAME RIGSBY, JOHN
STREET ADDRESS 2251 LUCIEN WAY
CITY-ST-ZIP MAITLAND, FL

TITLE D ☒ Delete
NAME HARVILLE, TROY J.
STREET ADDRESS 720 MAGNOLIA AVE
CITY-ST-ZIP MELBOURNE FL

TITLE D ☐ Change ☒ Addition
NAME DOCTOR, JOHN
STREET ADDRESS 2251 LUCIEN WAY
CITY-ST-ZIP MAITLAND, FL

TITLE DTV ☒ Delete
NAME SPENCER, DAVID
STREET ADDRESS 3767 ALL AMERICAN BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ Change ☒ Addition
NAME MARTIN, JERRY
STREET ADDRESS 3767 ALL AMERICAN BLVD.
CITY-ST-ZIP ORLANDO, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Diane Pickett **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00 407-215-5524

Date

Daytime Phone #

CR2E037 (9/99)