

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N11177

1. Entity Name

AMERICAN CHRISTIAN TELEVISION SYSTEM OF JACKSONV

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90064 010 ****61.25

Principal Place of Business

Mailing Address

4401 GEORGETOWN DR
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210
US

4401 GEORGETOWN DR
4401 GEORGETOWN DRIVE
JACKSONVILLE FL 32210-4708
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2762444

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

SIMONIC, NICHOLAS T.
8750 PERIMETER PARK BLVD.
JACKSONVILLE FL 32216

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:
FEES 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 PD
NAME PRINGLE, JAMES K.
STREET ADDRESS 315 SCENIC POINT LANE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE VD
NAME PRINGLE, RITA A.
STREET ADDRESS 315 SCENIC POINT LANE
CITY-ST-ZIP ORANGE PARK FL 32073 ☐ Delete

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

TITLE ST
NAME WARD, CARLOS
STREET ADDRESS 170 URSA ST
CITY-ST-ZIP ORANGE PARK FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME ST WARD, Carlos
STREET ADDRESS 3714 Montclair Dr.
CITY-ST-ZIP Jacksonville, FL 32217

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James K. Pringle, Sr.
JAMES K. PRINGLE, SR. 3/28/2000 904-777-8905

CR2E037 (9/99)