

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27194

1. Entity Name

AMATEUR RADIO CLUB OF BRADFORD AREA, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90044 007 ****61.25

Principal Place of Business

C/O TONY SPATAFORE
PO BOX 852
STARKE FL 32091
US

Mailing Address

C/O TONY SPATAFORE
PO BOX 852
STARKE FL 32091-0852
US

2. Principal Place of Business

3. Mailing Address

Wilton Terrell

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Route 3 Box 365

City & State

City & State

Lake City, Fl 32025

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

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

DICKERSON, BENJAMIN F.
1421 SOUTH WATER STREET
STARKE FL 32091

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME BRADLEY, JOHN
STREET ADDRESS 2363 NW CR 225
CITY-ST-ZIP LAWLEY FL ☐ Delete

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

TITLE VD
NAME WALKER, JAMES
STREET ADDRESS 6510 MOSSY DR
CITY-ST-ZIP KEYSTONE HTS FL ☒ Delete

TITLE VD
NAME Tony Spaterfore
STREET ADDRESS PO Box 852
CITY-ST-ZIP Starke, Fl 32091-0852 ☒ Change ☐ Addition

TITLE SD
NAME BRADLEY, MILDRED
STREET ADDRESS 2363 NW CR 225
CITY-ST-ZIP KEYSTONE HEIGHTS FL ☐ Delete

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

TITLE TD
NAME FRANCIS, LEVERETT
STREET ADDRESS 5751 SE 55TH TER
CITY-ST-ZIP KEYSTONE HTS FL ☒ Delete

TITLE TD
NAME Wilton Terrell
STREET ADDRESS Route 3 Box 365
CITY-ST-ZIP Lake City, Fl 32025 ☒ Change ☐ Addition

TITLE D
NAME ADLER, KEN
STREET ADDRESS 6747 DEER SPRINGS RD
CITY-ST-ZIP KEYSTONE HTS FL ☐ Delete

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: *Wilton Terrell* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)