

2000 UNIFORM BUSINESS REPORT (FSR)

DOCUMENT # N94000002843

1. Entity Name

MIDAMERICA COMMUNICATION FOUNDATION

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90050 018 ****61.25

Principal Place of Business

12888 COCO PLUM LANE
NAPLES FL 34119
US

2. Principal Place of Business

12888 Coco Plum Ln

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34119

Country

Collier

Zip

34118

Country

Collier

4. FEI Number

65-0496659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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

Ch # 0859

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 ☐ Delete

NAME DOVER, CLARENCE J
STREET ADDRESS 12888 COCO PLUM LN
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

NAME DOVER, DOROTHY T
STREET ADDRESS 12888 COCO PLUM LN
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete

NAME STRAIN, RICHARD E
STREET ADDRESS THE BIRD BARN, E MAIN ST
CITY-ST-ZIP HIGHLAND NC

TITLE ☐ Delete

NAME DUNIVER-MANSFIELD, CYNTHIA
STREET ADDRESS 3906 BAIRD RD.
CITY-ST-ZIP STOW OH 44224

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-2-2000 941-506-7068

CR2E037 (9/99)