

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90096 027 ****61.25

DOCUMENT # N94000002843

1. Entity Name

MIDAMERICA COMMUNICATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

12888 COCO PLUM LANE
 NAPLES FL 34119
 US

12888 COCO PLUM LANE
 NAPLES FL 34119
 US

2. Principal Place of Business

3. Mailing Address

12888 Coco Plum Ln

12888 Coco Plum Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Nples, FL

City & State

Naples, FL

4. FEI Number

65-0496659

Applied For

Not Applicable

Zip

34119

Country

Collier

Zip

34119

Country

Collier

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

Date

Daytime Phone #

4-29-02

239-566-7068

CR2E037 (9/01)