

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003694

1. Entity Name

VILLAGES RADIO COMPANY

Principal Place of Business

1100 MAIN STREET
LADY LAKE FL 32159

Mailing Address

1100 MAIN STREET
LADY LAKE FL 32159-7719

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3455818

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

BURNSSED, R. DEWEY
1100 MAIN STREET
LADY LAKE FL 32159

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 MORSE, H. GARY
STREET ADDRESS 1100 MAIN STREET
CITY-ST-ZIP LADY LAKE FL 32159

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME MORSE, MARK
STREET ADDRESS 1100 MAIN STREET
CITY-ST-ZIP LADY LAKE FL 32159

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE SD
NAME MATHEWS, D.W.
STREET ADDRESS 1100 MAIN STREET
CITY-ST-ZIP LADY LAKE FL 32159

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE T
NAME WISE, JOHN
STREET ADDRESS 1100 MAIN STREET
CITY-ST-ZIP LADY LAKE FL 32159

☐ Delete

TITLE
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☐ Change ☐ Addition

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 of John Wise

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

\$6.00 (352) 753-6270



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)