

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002646

1. Entity Name

IVORY TOWER REPEATER ASSOCIATION, INC.

Principal Place of Business

Mailing Address

106 WEST WINDHORST ROAD, STE. 101
BRANDON FL 33510

106 WEST WINDHORST ROAD, STE. 101
BRANDON FL 33510

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURKIN, WILLIAM H
106 WEST WINDHORST ROAD, STE. 101
BRANDON FL 33510

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 MARCHAND, CARL
STREET ADDRESS 8307 CARMEL PLACE
CITY-ST-ZIP TAMPA FL 33615

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

TITLE D ☐ Delete
NAME SUTKER, STEVE
STREET ADDRESS P.O. BOX 10683 (NA)
CITY-ST-ZIP TAMPA FL 33679

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

TITLE D ☐ Delete
NAME DURKIN, WILLIAM
STREET ADDRESS 5819 PEACJ HEATHER TRAIL
CITY-ST-ZIP VALRICO FL 33594

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5819 PEACH HEATHER TRAIL
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

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:

William H. Durkin
SIGNATURE AND TITLE OF REGISTERED AGENT REQUIRED

5/17/01 813-681-4824



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90072 026 ****61.25