

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90239 050 ****61.25

DOCUMENT # N98000004545

1. Entity Name

Pana Public Radio Inc.

Principal Place of Business

Mailing Address

6910 NW 2nd Terrace / 6910 NW 2nd Terrace
 Boca Raton, Fl. 33487 / Boca Raton, Fl
 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

A0066901

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lacy, William R.
 6910 NW 2nd Terrace
 Boca Raton, Fl. 33487

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

William R Lacy President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/2001

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

TITLE	PD	☐ Delete
NAME	Lacy, William R	
STREET ADDRESS	6910 NW 2nd Terrace	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	D	☐ Delete
NAME	Lacy, Lucille A.	
STREET ADDRESS	6910 NW 2nd Terrace	
CITY-ST-ZIP	Boca Raton, Fl. 33487	
TITLE	D	☐ Delete
NAME	Lacy, Dan III	
STREET ADDRESS	2110 Goldcamp Rd	
CITY-ST-ZIP	Colorado Springs, CO 80906	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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 R Lacy

4/28/2001

561.912.9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)