

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *N98000004721*

1. Entity Name

Lawrenceburg Community Radio Inc.

Principal Place of Business

6910 N.W. 2ND. TERRACE
BOCA RATON FL 33487

Mailing Address

6910 N.W. 2ND. TERRACE
BOCA RATON FL 33487

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

NOT APPLICABLE

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

LACY, WILLIAM R
6910 N.W. 2ND. TERRACE
BOCA RATON FL 33487

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 LACY, WILLIAM R
STREET ADDRESS 6910 N.W. 2ND. TERRACE
CITY - ST - ZIP BOCA RATON FL 33487 ☐ Delete

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

TITLE SD
NAME LACY, LUCILLE A
STREET ADDRESS 6910 N.W. 2ND. TERRACE
CITY - ST - ZIP BOCA RATON FL 33487 ☐ Delete

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

TITLE VPD
NAME LACY, DAN III
STREET ADDRESS 2110 GOLDCAMP RD.
CITY - ST - ZIP COLORADO SPRINGS CO 80906 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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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:

James Sec.

7/10/1

561 912 9002

FILED
Aug 01, 2001 8:00 am
Secretary of State

08-01-2001 90200 048 ****61.25

DO NOT WRITE IN THIS SPACE

CR2F037 (10/00)