

DOCUMENT # N98000004787

1. Entity Name

HOLIDAY PARK CABLE CORPORATION

Principal Place of Business

5401 HOLIDAY PARK BLVD
NORTH PORT FL 34287

Mailing Address

5401 HOLIDAY PARK BLVD
NORTH PORT FL 34287

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

65-0866469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOMBER, HARLAN R
3900 CLARK ROAD, STE L-1
SARASOTA FL 34233

7. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCGARY, NEIL W	
STREET ADDRESS	5740 HOLIDAY PARK BLVD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	VD	<input type="checkbox"/> Delete
NAME	D'ARGENIO, ANTHONY	
STREET ADDRESS	6902 APOPO COURT	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HECKMAN, GEORGE	
STREET ADDRESS	6486 KEENA COURT	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EALAHAN, WILLIAM	
STREET ADDRESS	5130 PALENA BLVD	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOLLISTER, SALLY	
STREET ADDRESS	6500 CENTER LANE	
CITY-ST-ZIP	NORTH PORT FL 34287	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 E. Ealahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

01-16-2001 90040 042 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)