

2002 UNIFORM BUSINESS REPORT (UBR)**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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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 \$61.259. 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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| 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 |
| 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:**SIGNATURE REQUIRED***George D. Heckman*

1-9-02

466-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)