

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**  
 04-18-2002 90388 011 \*\*\*\*61.25

**DOCUMENT # N99000002764**

1. Entity Name

**CITRUS HILLS CABLE TV, INC.**

Principal Place of Business

**2450 N Citrus Hills Blvd**  
**2424 N. ESSEX AVE.**  
**HERNANDO FL 34442**

Mailing Address

**2450 N Citrus Hills Blvd**  
**2424 N. ESSEX AVE.**  
**HERNANDO FL 34442**

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

**59-3520413**

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

**PETERSON, THOMAS E**  
**136 E. JOPLIN CT.**  
**HERNANDO FL 34442-8389**

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	PD	<input type="checkbox"/> Delete
NAME	PETERSON, THOMAS E	
STREET ADDRESS	136 E JOPLIN CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KEATING, JOHN	
STREET ADDRESS	2280 N GLADES PT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROSEBERRY, MINEY	
STREET ADDRESS	270 W LIBERTY STREET	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	TD	<input type="checkbox"/> Delete
NAME	STOOPS, JOHN	
STREET ADDRESS	1393 N. ANNAPOLIS AVE.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEAN, WARREN	
STREET ADDRESS	400 E. DAKOTA CT.	
CITY-ST-ZIP	HERNANDO FL 34442	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COLLINS, ROBERT	
STREET ADDRESS	1682 W. STAFFORD ST.	
CITY-ST-ZIP	HERNANDO FL 34442	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Collins, Robert	
STREET ADDRESS	1682 W Stafford St	
CITY-ST-ZIP	Hernando, FL. 34442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGauran, Charles	
STREET ADDRESS	185 W Massachusetts St	
CITY-ST-ZIP	Hernando, FL. 34442	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lee, David	
STREET ADDRESS	2922 N. Chandler Drive	
CITY-ST-ZIP	Hernando, FL. 34442	
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
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**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)