

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004699

1. Entity Name

MERRITT ISLAND PUBLIC RADIO, INC.

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90264 017 ****61.25

Principal Place of Business

Mailing Address

1970 PORPOISE ST.
MERRITT ISLAND FL 32952

1970 PORPOISE ST.
MERRITT ISLAND FL 32952-5644

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

☒ 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

HOFFMAN, BILL
1970 PORPOISE ST.
MERRITT ISLAND FL 32952

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 ☐ Delete
NAME MANERS, AARON
STREET ADDRESS 80 N. HILLTOP DR.
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE PD ☒ Change ☐ Addition
NAME Maners, Aaron
STREET ADDRESS 3085 N. Casper Place
CITY-ST-ZIP Titusville FL 32780

TITLE STD ☐ Delete
NAME HOFFMAN, BILL
STREET ADDRESS 1970 PORPOISE ST.
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

TITLE VD ☐ Delete
NAME MCKEE, HEATHER
STREET ADDRESS 2235 KANSAS ST.
CITY-ST-ZIP TITUSVILLE FL 32796

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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: Aaron Maners AARON MANERS 4/20/00 321-269-9276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E017 (3/99)