

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000005884**

1. Entity Name

A.R.N.I. FOUNDATION, INC.**FILED**
Jan 16, 2001 8:00 am
Secretary of State

01-16-2001 90074 037 ****61.25

0008486

Principal Place of Business

**126 W. INTERNATIONAL SPEEDWAY
DAYTONA BEACH FL 32114**

Mailing Address

**P.O. BOX 2491
DAYTONA BEACH FL 32115-2491**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

126 W INTERNATIONAL SPEED.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

DAYTONA BEACH FL

4. FEI Number

59-3602330

Applied For

Not Applicable

Zip

Country

Zip

Country

32114**USA**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
DAYTONA BEACH FL 32115-2491**

7. Name and Address of New Registered Agent

BLACK CROW BROADCASTING, INC

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

126 W. INTERNATIONAL SPEEDWAY

City

DAYTONA BEACH**FL**

Zip Code

32114

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

1/8/01**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	D	<input type="checkbox"/> Delete
NAME	LINN, NICOLE	
STREET ADDRESS	126 W. INTERNATIONAL SPEEDWAY	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	D	<input type="checkbox"/> Delete
NAME	LINN, J. MICHAEL	
STREET ADDRESS	126 W. INTERNATIONAL SPEEDWAY	
CITY-ST-ZIP	DAYTONA BEACH FL 32114	

TITLE	D	<input type="checkbox"/> Delete
NAME	ANDLINGER, GERHARD	
STREET ADDRESS	303 S. BROADWAY	
CITY-ST-ZIP	TARRYTOWN NY 10591	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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
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STREET ADDRESS		
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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

1/8/01

Daytime Phone #

904-255-9300

CR2E037 (10/00)