

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

09-06-2001 90273 016 \*\*\*550.00

**DOCUMENT # P00000087244**

1. Entity Name

FLORIDA LOCAL INTERACTIVE, INC.

Principal Place of Business

C/O CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

Mailing Address

C/O CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

2. Principal Place of Business

400 N. Ashley Dr.

3. Mailing Address

10975 Benson St.

Suite, Apt. #, etc.

Ste. 1925

Suite, Apt. #, etc.

Ste 390

City & State

Tampa, FL

City & State

Overland Park, KS

Zip

33602

Country

USA

Zip

66210

Country

USA

4. FEI Number

58-2571158

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S PINE ISLAND RD  
 PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so...  
 (See criteria on back) ☒

**FILE NOW!!! FEE IS \$550.00**

**After September 12, 2001, Fee will be \$750.00.**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **BRADLEY, WILLIAM F JR**  
 CITY-ST-ZIP **150 W MARKET ST, STE 530**  
**INDIANAPOLIS IN 46204**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DOBB, JAMES**  
 CITY-ST-ZIP **2208 W 97TH ST**  
**LEAWOOD KS 66206**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME **Director/Secretary**  
 STREET ADDRESS **William F. Bradley, Jr.**  
 CITY-ST-ZIP **10975 Benson St, Ste 390**  
**Overland Park, KS 66210**

TITLE ☒ Change ☐ Addition  
 NAME **Director**  
 STREET ADDRESS **James Dobb**  
 CITY-ST-ZIP **10975 Benson St, Ste 390**  
**Overland Park, KS 66210**

TITLE ☐ Change ☒ Addition  
 NAME **President / Director**  
 STREET ADDRESS **Mukesh Patel**  
 CITY-ST-ZIP **400 N. Ashley Dr, Ste 1925**  
**Tampa, FL 33602**

TITLE ☐ Change ☒ Addition  
 NAME **Treasurer / Director**  
 STREET ADDRESS **Eric Burr**  
 CITY-ST-ZIP **10975 Benson St, Ste 390**  
**Overland Park, KS 66210**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Harry Herington**  
 CITY-ST-ZIP **10975 Benson St, Ste 390**  
**Overland Park, KS 66210**

TITLE ☐ Change ☒ Addition  
 NAME **Director**  
 STREET ADDRESS **Robert Chandler**  
 CITY-ST-ZIP **425 West Capital Ave, Ste 3565**  
**Little Rock, AR 72201**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*William F. Bradley, Jr.*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-30-01

Date

913-529-6001

Daytime Phone #

CR2E034 (5/01)