

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P12059

1. Entity Name

MAINE COMMUNICATIONS, INC.

FILED

Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90013 048 ***550.00

Principal Place of Business

Mailing Address

121 FREE ST
P O BOX 7437
PORTLAND ME 04112-437

511 CONGRESS ST
P O BOX 9711
PORTLAND ME 04104-5011
US

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

01-0310414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☐ Delete
NAME GROSSMAN, NEIL
STREET ADDRESS 121 FREE ST
CITY-ST-ZIP PORTLAND ME 04112

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

TITLE P ☒ Delete
NAME BARRETT, CAROLYN
STREET ADDRESS 6220 NW 43RD ST
CITY-ST-ZIP GAINESVILLE FL 32653

TITLE VP / T ☐ Change ☒ Addition
NAME Paul G Clancy
STREET ADDRESS 121 Free St.
CITY-ST-ZIP Portland ME 04112

TITLE PS ☐ Delete
NAME LOWELL, DAVID H
STREET ADDRESS 121 FREE ST
CITY-ST-ZIP PORTLAND ME 37

TITLE VP / S ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME DETMER, JOSEPHINE H.
STREET ADDRESS 121 FREE ST
CITY-ST-ZIP PORTLAND ME 37

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

TITLE D ☐ Delete
NAME HILDRETH, CHARLES L JR
STREET ADDRESS P O BOX 659 - RAND RD
CITY-ST-ZIP PORTLAND ME 20

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition
NAME Horace Hildreth, Jr
STREET ADDRESS 121 Free St.
CITY-ST-ZIP Portland ME 04112

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:

David H Lowell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/23/00

Date

207-8425400

Daytime Phone #

CR2E034 (9/9)