

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P24347

1. Entity Name

CHAMBERSBURG BROADCASTING CO. INCORPORATED

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90090 025 ***150.00

Principal Place of Business

Mailing Address

PROFESSIONAL ARTS BUILDING
P.O. BOX 479
CHAMBERSBURG PA 17201

PROFESSIONAL ARTS BUILDING
P.O. BOX 479
CHAMBERSBURG PA 17201-0479

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

23-1281259

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BOOTH, JOHN, S
127 INLETS BLVD
NOKOMIS FL 34275

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 D
NAME BOOTH, JOHN S.
STREET ADDRESS 127 INLETS BLVD.
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE PSD
NAME EHLE, MARGARET B.
STREET ADDRESS 1140 HEATHER DR
CITY-ST-ZIP CHAMBERSBURG PA ☐ Delete

TITLE TD
NAME BOOTH, THOMAS E.
STREET ADDRESS 219 PAVONIA ROAD
CITY-ST-ZIP NOKOMIS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D ☒ Change ☐ Addition
NAME John S. Booth
STREET ADDRESS 146 Inlets Blvd
CITY-ST-ZIP NOKOMIS, FL 34275

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

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

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

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

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

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: *Margaret B. Ehle* *Margaret B Ehle* X 3-15-00 X 777-263-0359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)