

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32310

1. Entity Name

FAMILY STATION, INC.

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

01-21-2000 90110 010 ****61.25

Principal Place of Business

Mailing Address

290 HEGENBERGER RD.
OAKLAND CA 94621

290 HEGENBERGER RD.
OAKLAND CA 94621-1436

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

94-1442453

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

DEARBORN, ED
508 N.W. 2ND AVE.
OKEECHOBEE FL 34972

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 CAMPING, HAROLD
STREET ADDRESS 3016 GIBBONS DR.
CITY-ST-ZIP ALAMEDA CA

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

TITLE PD ☐ Delete
NAME MORRELL, DAVID
STREET ADDRESS 36304 DELAIRE LANDING ROAD
CITY-ST-ZIP PHILADELPHIA PA

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

TITLE STD ☐ Delete
NAME VAN DYK, RICHARD
STREET ADDRESS 97 HOPPER ST.
CITY-ST-ZIP PROSPECT PARK NJ

TITLE ☐ Change ☐ Addition
NAME SECRETARY / TREASURER
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2000

Date

(510) 568-6200

Daytime Phone #

CR2E037 (9/99)