

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077939

1. Entity Name
PORT CABLEVISION, INC.

FILED
Jan 18, 2001 8:00 am
Secretary of State

01-18-2001 90015 016 ***150.00

Principal Place of Business Mailing Address
~~205 SUNRISE CAY~~ ~~205 SUNRISE CAY~~
~~#105~~ ~~#105~~
~~NAPLES FL 34114~~ ~~NAPLES FL 34114~~
US US

00004073



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
211 Pine Valley Cir P.O. Box 552
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
NAPLES, FL NAPLES, FL
Zip Country Zip Country
34113 US 34106 US

4. FEI Number 65-0617883 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARNARD, THOMAS L
205 SUNRISE CAY
#105
NAPLES FL 34114

7. Name and Address of New Registered Agent
Name BARNARD, Thomas L.
Street Address (P.O. Box Number is Not Acceptable)
211 Pine Valley Cir.
City NAPLES FL Zip Code 34113

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]* DATE 1/08/01
Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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	DPST	<input type="checkbox"/> Delete	TITLE	DPST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNARD, THOMAS L		NAME	BARNARD, Thomas	
STREET ADDRESS	205 SUNRISE CAY, #105		STREET ADDRESS	211 Pine Valley Cir	
CITY-ST-ZIP	NAPLES FL 34114		CITY-ST-ZIP	NAPLES, FL 34113	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: *[Signature]* T.L. BARNARD 1/8/01 941-530-4288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0541671

CR2E034 (10/00)