

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90074 033 ***150.00

DOCUMENT # P96000040230

i. Entity Name

SEBRING TELEVISION CORPORATION

839268



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~128 SE LAKEVIEW DR~~
~~FL 33870~~
~~128 SE LAKEVIEW DR~~
~~SEBRING FL 33870-3383~~

2. Principal Place of Business 3. Mailing Address
121 S. Franklin St **121 S. Franklin St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Sebring, Florida **Sebring, Florida**
 Zip Country Zip Country
33870 **USA** **33870** **USA**

4. FEI Number Applied For
65-0980559 Not Applicable

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

6. Name and Address of Current Registered Agent

OBERHAUSEN, FRANK C JR
241 S. COMMERCE AVE
SEBRING FL 33870

7. Name and Address of New Registered Agent

Name **James F. McCollum**
 Street Address (P.O. Box Number is Not Acceptable)
129 S. Commerce Ave
 City **Sebring** FL Zip Code **33870**

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]
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/24/00
 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

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	THUROW, WARREN	
STREET ADDRESS	128 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DST	<input type="checkbox"/> Delete
NAME	THUROW, CAROL	
STREET ADDRESS	128 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, TIM	
STREET ADDRESS	128 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim K. Scott	
STREET ADDRESS	121 S. Franklin St	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	Vice President / Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheila C. Scott	
STREET ADDRESS	121 S. Franklin St.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-21-00 863-471-3483

CR2E034 (9/99)