

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000100334**

1. Entity Name

WILLIAMS BROADCASTING COMPANY**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90035 035 ***150.00

062927

Principal Place of Business Mailing Address
~~1929 NW HWY 10~~ ~~1929 NW HWY 10~~
~~CRYSTAL RIVER FL 34428~~ ~~CRYSTAL RIVER FL 34428~~
US US

2. Principal Place of Business 3. Mailing Address
3131 W. BERMUDA DUNES DR 3131 W. BERMUDA DUNES DR
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
LECANTO, FL LECANTO, FL
Zip Country Zip Country
34461 US 34461 US

4. FEI Number **65-0716625** 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
WILLIAMS, ROBERT V JR.
3131 W. BERMUDA DUNES DRIVE
LECANTO FL 34461

7. Name and Address of New Registered Agent
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 R.V. Williams
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-28-01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAMS, ROBERT 3131 W BERMUDA DUNES DR LECANTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAMS, GAIL R 3131 W BERMUDA DUNES DR LECANTO FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: R.V. Williams **ROBERT V. WILLIAMS**
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/00)