

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057375

1. Entity Name

SOUTHEAST RADIO COMPANY, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90191 018 ***150.00

Principal Place of Business
9148 Bonita Beach Road
Suite 205
Bonita Springs, FL 34135

Mailing Address
1301 Riverplace Boulevard
Suite 1301
Jacksonville, FL 32207

00032183

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
9148 Bonita Beach Road
Suite, Apt. #, etc.
Suite 205

DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL 34135

4. FEI Number
65-0768928

Applied For
Not Applicable

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

Zip Country
34135 US

6. Name and Address of Current Registered Agent
Dahlin, Patricia S.
9148 Bonita Beach Road
Suite 205
Bonita Springs, FL 34135

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

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		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	D Martin, James E., Jr.		TITLE		
STREET ADDRESS	9148 Bonita Beach Road, Suite 205		NAME		
CITY-STATE-ZIP	Bonita Springs, FL 34135		STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-STATE-ZIP		
NAME	D Dahlin, Patricia S		TITLE		
STREET ADDRESS	4032 Big Pass Lane		NAME		
CITY-STATE-ZIP	Punta Gorda, FL 33955		STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-STATE-ZIP		
NAME			TITLE		
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-STATE-ZIP		
NAME			TITLE		
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-STATE-ZIP		
NAME			TITLE		
STREET ADDRESS			NAME		
CITY-STATE-ZIP			STREET ADDRESS		
	<input type="checkbox"/> Delete		CITY-STATE-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)