

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**  
 04-04-2001 90095 005 \*\*\*150.00

**DOCUMENT # P97000063393**

1. Entity Name

**INTERMART BROADCASTING TWIN FALLS, INC.**

Principal Place of Business

Mailing Address

~~9148 BONITA BCH RD~~  
~~205~~  
~~BONIA SPRING FL 34135~~

~~59148 BONITA BCH RD~~  
~~205~~  
~~BONIA SPRING FL 34135~~

2. Principal Place of Business

**6380 Cocos Drive**  
 Suite, Apt. #, etc.

3. Mailing Address

**16520 S. Tamiami Tr.**  
 Suite, Apt. #, etc.  
**#18283**



DO NOT WRITE IN THIS SPACE

City & State

**FT Myers FL**  
 Zip **33908** Country

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 Zip **33908** Country

4. FEI Number **65-0768938**

Applied For  
 Not Applicable

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

**DAHLIN, PATRICIA S**  
~~9148 BONITA BCH RD~~  
~~205~~  
~~BONIA SPRING FL 34135~~

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**6380 Cocos Drive**  
 City **FT Myers** FL Zip Code **33908**

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 *Patricia S Dahl* DATE *4/2/01*

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, 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	<input type="checkbox"/> Delete <b>D</b> <b>MARTIN, JAMES E JR.</b> <b>P O BOX 1427</b> <b>BOCA GRANDE FL 33921</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>V</b> <b>DAHLIN, PATRICIA S.</b> <del><b>4032 BIG PASS LANE</b></del> <del><b>PUNTA GORDA FL 33955</b></del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6380 Cocos Drive</b> <b>FT Myers, FL 33908</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Patricia S Dahl*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Patricia S Dahl 4/2/01 941-949-0800*

CR2E034 (10/00)