

2001. UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90330 008 ***150.00

DOCUMENT # P97000096790

1. Entity Name

FLAG RADIO, INC.

Principal Place of Business

520 SNADY BLUFF TR
DELAND FL 32724-1017

Mailing Address

520 SNADY BLUFF TR
DELAND FL 32724-1017

2. Principal Place of Business

520 SNADY BLUFF TR
3141 Frog Tree Lane
Suite, Apt. #, etc.

3. Mailing Address

520 SNADY BLUFF TR
3141 Frog Tree Lane
Suite, Apt. #, etc.

City & State

DeLand FL

City & State

DeLand FL

Zip

32720

Country

Volusia

Zip

32720

Country

Volusia

4. FEI Number

59-3479469

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAWKINS, LYNN M

915 PINE TREE TERRACE
3141 Frog Tree Dr.
DELAND FL 32724-20

7. Name and Address of New Registered Agent

Name

Hawkins, Lynn M.

Street Address (P.O. Box Number is Not Acceptable)

3141 Frog Tree Lane

City

DeLand

FL

Zip Code

32720

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

Lynn M. Hawkins, president

4/15/01

Signature, type 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

TITLE	D	<input type="checkbox"/> Delete
NAME	HAWKINS, LYNN M	
STREET ADDRESS	520 SNADY BLUFF TR	
CITY-ST-ZIP	DELAND FL 32724-1017 32720	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SWEET, JEFFREY C	
STREET ADDRESS	595 W GRANADA BLVD, SUITE A	
CITY-ST-ZIP	ORMOND BECH FL 32174	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIEFER, JERRY E.	
STREET ADDRESS	5119 SOUTH RIDGEWOOD AVE., #13	
CITY-ST-ZIP	PORT ORANGE FL 32127	
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	3141 Frog Tree Lane	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	520 SNADY BLUFF TR	
CITY-ST-ZIP	DELAND FL 32724-1017 32720	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5277 S. Ridgewood Ave. #83	
CITY-ST-ZIP	Port Orange FL 32127	
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:

Lynn M. Hawkins, president

Lynn M. Hawkins 4/15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)