

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90404 031 \*\*\*150.00

**DOCUMENT # P98000065827**

1. Entity Name  
**BROADCAST CLUB OF AMERICA, INC.**

Principal Place of Business

**27331 OAK SHADOW LN  
 MOUNT DORA FL 32757  
 5318 TICE ST.  
 FT. MYERS, FL 33905**

Mailing Address

**G/O MRS. CLAY 68820  
 2233 CYPRESS COVE DR RAINIER Rd.  
 TAVARES FL 32778 29 Palms, CA  
 92277**

2. Principal Place of Business

**5318 TICE ST**

3. Mailing Address

**68820 Rainer Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**FT. MYERS FL**

City & State

**29 Palms CA**

Zip

**33905**

Country

**USA**

Zip

**92277**

Country

**USA**

4. FEI Number

**59-3563980**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUTTRELL, M. ESTHER  
 2233 CYPRESS COVE DR  
 #6  
 TAVARES FL 32778**

7. Name and Address of New Registered Agent

Name **John Rogers**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5318 Tice St.**  
 City **FT. MYERS** FL Zip Code **33905**

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

**4-30-02**

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, 2002 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 **P** ☐ Delete  
 NAME **LUTTRELL, ESTHER**  
 STREET ADDRESS **7771 JEMEZ TRAIL**  
 CITY-ST-ZIP **YUCCA VALLEY CA 92284**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 of Esther Luttrell**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4-30-02**

Daytime Phone #

**760 365-6500**

CR2E034 (9/01)