

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088212

1. Entity Name

PCNA COMMUNICATIONS CORPORATION

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90054 026 \*\*\*158.75

Principal Place of Business

186 P.C.N.A. PARKWAY  
 LAKE HELEN FL 32744-0280

Mailing Address

186 P.C.N.A. PARKWAY  
 LAKE HELEN FL 32744-2656

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3544957

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BALISE, PETER S  
 186 PCNA PARKWAY  
 LAKE HELEN FL 32744

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

TITLE CPS  
 NAME BALISE, PETER S  
 STREET ADDRESS 186 PCNA PARKWAY  
 CITY-ST-ZIP LAKE HELEN FL 32744 ☐ Delete

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

TITLE D  
 NAME WRIGLEY, J W  
 STREET ADDRESS 186 PCNA PARKWAY  
 CITY-ST-ZIP LAKE HELEN FL 32744 ☐ Delete

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

TITLE D  
 NAME SILVER, RICHARD  
 STREET ADDRESS 13160 DOUBLETREE CIRCLE  
 CITY-ST-ZIP WELLINGTON FL 33414 ☒ Delete

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

TITLE D  
 NAME CAHILL, ANDREW J  
 STREET ADDRESS 31 S ST 2ND FLOOR  
 CITY-ST-ZIP MORRISTOWN NJ 33414 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS 31 SOUTH STREET, 2ND FLOOR  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE T  
 NAME KOLLER, JAMES T  
 STREET ADDRESS 186 PCNA PARKWAY  
 CITY-ST-ZIP LAKE HELEN FL 32744 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

*James M. Koller* CEO AND TREASURER 5-1-00 904-228-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Ext. 337

CR2E034 (9/99)