

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014799

1. Entity Name

THE FAMILY NEWS NETWORK OF PORT CHARLOTTE, INC.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90058 029 \*\*\*150.00

Principal Place of Business

Mailing Address

2751-A TAMAMI TRAIL  
PORT CHARLOTTE FL 33952

~~2751-A TAMAMI TRAIL~~  
PORT CHARLOTTE FL 33952-5101

LUUJ1344



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1043 Webster Ave N.W.

3. Mailing Address

3891-B Tamiami Tr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#406

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

FEI Number

165-0896625

Applied For

Not Applicable

Zip

33948

Country

U.S.A.

Zip

33952

Country

U.S.A.

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

PREWETT, DANIEL L  
5777 BENEVA RD., SOUTH  
SARASOTA FL 34233

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

TITLE D  
NAME MILLER, JUDITH T.  
STREET ADDRESS 12009 SARAGOSSA LANE  
CITY-ST-ZIP WARM MINERAL SPRINGS FL 34207

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Pres/Sec/Treas/D.  
NAME  
STREET ADDRESS 1043 Webster Ave N.W.  
CITY-ST-ZIP Port Charlotte, FL 33948

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Judith T. Miller Judith T. Miller 5/24/00 (941) 766-0553  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)