

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000043052

1. Entity Name

TAYLOR COUNTY BROADCASTING, INC.

Principal Place of Business

ROUTE 13, BOX 318
LAKE CITY FL 32055

Mailing Address

ROUTE 13, BOX 318
LAKE CITY FL 32055-9049

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Power Country, Inc.

P.O. Box 2529

Lake City, FL 32056-2529

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J
10 NORTH COLUMBIA STREET
LAKE CITY FL 32055

4. FEI Number

59-3576330

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

RONALD H. PEACOCK

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

RT. 13 BOX 318

FRONTIER DRIVE

City

LAKE CITY

FL

Zip Code

32055

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

Ron Peacock 2-11-00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BOLTON, LOUIS D II
3821 COVE DRIVE
BIRMINGHAM AL 35213

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003505354-8
-12/19/00--01064--023
****750.00 ****750.00
☐ Change ☐ Addition

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

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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Change ☐ Addition

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2/01

904-755-4102

FILED
00 DEC -6 AM 11: 56
SECRETARY OF STATE
TALLAHASSEE FLORIDA



REINSTATEMENT

CR2E034 (9/99)

0020105