

# 2000 UNIFORM BUSINESS REPORT (UBR)

8/

DOCUMENT # P99000079755

1. Entity Name

EAST-COAST FLORIDA CABLE, INC.

**FILED**  
**Aug 24, 2000 8:00 am**  
**Secretary of State**

08-08-2000 90097 026 \*\*\*550.00

Principal Place of Business 1761 NW 46TH AVENUE, APT. D-202 LAUDERHILL FL 33313	Mailing Address 1761 NW 46TH AVENUE, APT. D-202 LAUDERHILL FL 33313-4941
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2. Principal Place of Business 7529 Dalhurst Drive Suite, Apt. #, etc.	3. Mailing Address 7529 Dalhurst Drove Suite, Apt. #, etc.
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City & State S. Jacksonville,	City & State S. Jacksonville,
Zip 32277	Country USA

4. FEI Number 65-0948249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLLERY, ROSETTA  
 1761 NW 46TH AVENUE, APT. D-202  
 LAUDERHILL FL 33313

7. Name and Address of New Registered Agent

Name  
Woollery, Rosetta

Street Address (P.O. Box Number is Not Acceptable)  
7529 Dalhurst Drive

City  
S. Jacksonville FL Zip Code  
32277

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 \_\_\_\_\_ DATE 06-10-00

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	President Rosetta Woollery 7529 Dalhurst Drive S. Jacksonville, FL 32277 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Anthony Woollery 7832 Stephenson Drive Jacksonville, FL 32211 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Rosetta Woollery Rosetta Woollery 06-10-00  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)