

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079755

1. Entity Name

EAST-COAST FLORIDA CABLE, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90072 011 \*\*\*150.00

Principal Place of Business

7529 DALHURST DRIVE  
S. JACKSONVILLE FL 32277

Mailing Address

7529 DALHURST DRIVE  
S. JACKSONVILLE FL 32277

00044040

2. Principal Place of Business

7529 Dalhurst Drv.

Suite, Apt. #, etc.

3. Mailing Address

7529 Dalhurst Drv.,

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

JACKSONVILLE, Florida

Zip

32277

Country

U.S.A

City & State

JACKSONVILLE, FLORIDA

Zip

32277

Country

U.S.A

4. FEI Number

65-0948249

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOOLLERY, ROSETTA  
7529 DALHURST DR  
S. JACKSONVILLE FL 32277

7. Name and Address of New Registered Agent

Name

WOOLLERY, ROSETTA

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

7529 Dalhurst Dr.

City

S. Jacksonville

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

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, 2001 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 **WOOLLERY, ROSETTA**  
STREET ADDRESS **7529 DALHURST DR**  
CITY-ST-ZIP **S. JACKSONVILLE FL 32277**

TITLE **D** ☐ Delete  
NAME **WOOLLERY, ANTHONY**  
STREET ADDRESS **7832 STEPHENSON DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32211**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition  
NAME **Woollery, Rosetta**  
STREET ADDRESS **7529 Dalhurst Dr.**  
CITY-ST-ZIP **S. Jacksonville Florida 32277**

TITLE **P** ☐ Change ☐ Addition  
NAME **Woollery, Anthony**  
STREET ADDRESS **7832 Stephenson Dr.**  
CITY-ST-ZIP **S. Jacksonville, Florida 32277**

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

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

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

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:

*Rosetta Woollery*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rosetta Woollery

Date

4-17-01

Daytime Phone #

744-0000

CR2E034 (10/00)