

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90012 018 \*\*\*150.00

**DOCUMENT #** P990000081480  
**1. Entity Name**  
Flagler Communications Group, Inc.

**Principal Place of Business** WEST PALM BEACH, FL  
**Mailing Address** 324 SATURA ST  
#350  
WEST PALM BCH, FL 33401

**2. Principal Place of Business**  
324 SATURA STREET  
Suite, Apt. #, etc.  
350

**3. Mailing Address**  
Suite, Apt. #, etc.

**City & State**  
WEST PALM BCH, FL

**City & State**

**4. FEI Number**  
65-0947245

**Applied For**  
Not Applicable

**Zip**  
33401

**Country**  
USA

**Zip**

**Country**

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**Name** M F F ASSOCIATES, INC.  
**Street Address (P.O. Box Number is Not Acceptable)** 11380 PROSPERITY FARMS RD  
**SUITE 112 ATT: MIKE FARLOUGH**  
**City** PALM BEACH GARDENS **FL** **Zip Code** 334110

**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PRESIDENT	JAMES S. DRYER	1001 S. FLAGLER DR SUITE 504	W. PALM BCH, FL 33401	<input type="checkbox"/>
VICE PRESIDENT	RAYMOND LAZCANO	324 SATURA ST #350	WEST PALM BCH, FL 33401	<input type="checkbox"/>
DIRECTOR	NATHAN PATCH	324 SATURA ST #350	W. PALM BCH, FL 33401	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. DRYER

4/25/00 (511)832-4551  
Date Daytime Phone #

CR2E034 (9/99)