

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT #** P990000081480

1. Entity Name

FLAGLER COMMUNICATIONS GROUP, INC. ✓

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90930 015 \*\*\*150.00

Principal Place of Business

Mailing Address

1001 SOUTH FLAGLER DR  
WEST PALM BEACH, FL 33401

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City &amp; State

4. FEI Number

65-0947245

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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 rechartering)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NUMBER FEE IS \$150.00

After May 1, 2001 Fee will be \$500.00

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-STATE-ZIP            | <input type="checkbox"/> Delete |
|-----------|-------------|----------------|---------------------------|---------------------------------|
| President | JAMES DYLAN | 324 DORRIS ST. | WEST PALM BEACH, FL 33401 |                                 |

| TITLE    | NAME         | STREET ADDRESS | CITY-STATE-ZIP            | <input type="checkbox"/> Delete |
|----------|--------------|----------------|---------------------------|---------------------------------|
| Director | MARLAN PATCH | 324 DORRIS ST. | WEST PALM BEACH, FL 33401 |                                 |

| TITLE          | NAME            | STREET ADDRESS | CITY-STATE-ZIP            | <input checked="" type="checkbox"/> Delete |
|----------------|-----------------|----------------|---------------------------|--------------------------------------------|
| Vice President | RAYMOND LAZCANO | 324 DORRIS ST. | WEST PALM BEACH, FL 33401 |                                            |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|----------------|---------------------------------|
|       |      |                |                |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|----------------|---------------------------------|
|       |      |                |                |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|----------------|---------------------------------|
|       |      |                |                |                                 |

12. ADDITION/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

| TITLE | NAME | STREET ADDRESS | CITY-STATE-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)(f), 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

4/30/01

(561)832-4551

Day

Operator's Phone

CR2034 (11/00)