

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S81329

1. Entity Name

AMERICAN COMMUNITY ORIENTED RADIO NETWORK, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90201 045 ***158.75

Principal Place of Business

Mailing Address

720 4TH ST N.
BLDG B
RUSKIN FL 33570
US

PO BOX 100
RUSKIN FL 33570-0100
US

2. Principal Place of Business

16656 Springs St.

3. Mailing Address

PO BOX 86

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

White Springs, FL

City & State

Welborn, FL

4. FEI Number

59-3083883

Applied For

Not Applicable

Zip

Country

32096 USA

Zip

Country

32094 USA

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

STEWART, DARLENE A.
5329 VILLAGE MARKET
WESLEY CHAPEL FL 33543

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 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 D ☐ Delete
NAME HARDER, CHARLES E
STREET ADDRESS RT 1 BOX 2002
CITY-ST-ZIP WHITE SPRINGS FL 32096

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

TITLE DSVP ☐ Delete
NAME STEWART, DARLENE A
STREET ADDRESS 5329 VILLAGE MARKET
CITY-ST-ZIP WESLEY CHAPEL FL 33543

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

TITLE CEO ☒ Delete
NAME PERREAULT, DOUGLAS CPA
STREET ADDRESS 13231 PINE CREEK CIRCLE
CITY-ST-ZIP RIVERVIEW FL 33569

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Charles E Harder*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2000

Date

904 391-4390

Daytime Phone #

CR2E034 (9/99)