

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11510

1. Entity Name

PBS OF CENTRAL FLORIDA, INC.

FILED

Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 006 ***150.00

Principal Place of Business

10105 9TH ST N
ST PETERSBURG FL 33716
US

Mailing Address

911 PANORAMA TR S
ROCHESTER NY 14625-2511
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

14625-0397

Country

4. FEI Number

59-3101031

Applied For

Not Applicable

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 P ☐ Delete
NAME POLISSENI, E R
STREET ADDRESS 16 BEAUCLAIRE LN
CITY-ST-ZIP FAIRPORT NY 14450

TITLE ☒ Change ☐ Addition
NAME 911 PANORAMA TRAIL SOUTH
STREET ADDRESS ROCHESTER NY 14625
CITY-ST-ZIP

TITLE V ☐ Delete
NAME HILL, C
STREET ADDRESS 700 115TH AVE
CITY-ST-ZIP TREASURE ISLAND FL 33706

TITLE ☒ Change ☐ Addition
NAME 10105 9TH STREET NORTH
STREET ADDRESS ST. PETERSBURG-FL 33716
CITY-ST-ZIP

TITLE STD ☐ Delete
NAME MORPHY, JOHN
STREET ADDRESS 51 VINEYARD HILL
CITY-ST-ZIP FAIRPORT NY

TITLE ☒ Change ☐ Addition
NAME 911 PANORAMA TRAIL SOUTH
STREET ADDRESS ROCHESTER NY 14625
CITY-ST-ZIP

TITLE V ☐ Delete
NAME TORTORELLA, A
STREET ADDRESS 7 ROYALE DR
CITY-ST-ZIP FAIRPORT NY 14450

TITLE ☒ Change ☐ Addition
NAME 911 PANORAMA TRAIL SOUTH
STREET ADDRESS ROCHESTER NY 14625
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

716-385-6666

Daytime Phone #

CR2E034 (9/99)