

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 03, 2000 8:00 am**  
**Secretary of State**

02-03-2000 90036 020 \*\*\*\*70.00

**DOCUMENT # N00368**

1. Entity Name

**PALMETTO BROADCASTERS ASSOCIATED FOR COMMUNITIES**

Principal Place of Business

1226 ROWLAND DRIVE  
 HERNDON VA 20170

Mailing Address

1001 WALTER LANE  
 VERO BEACH FL 32960-6915

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-2480491**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

**RHEA, CAROLYN T**  
**1001 WALTER LANE**  
**VERO BEACH FL 32960**

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	RHEA, CLAUDE H III	
STREET ADDRESS	1226 ROWLAND DRIVE	
CITY-ST-ZIP	HERNDON VA 20170	
TITLE	C	<input type="checkbox"/> Delete
NAME	RHEA, CLAUDE H. III	
STREET ADDRESS	1226 ROWLAND DRIVE	
CITY-ST-ZIP	HERNDON VA 20170	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KEEBLER, EUGENE	
STREET ADDRESS	1001 EAST HIGHPOINT DR.	
CITY-ST-ZIP	MOBILE AL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRIGHTLY, BRIAN	
STREET ADDRESS	3901 NE 22ND AVE	
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSEX, VIRGINIA	
STREET ADDRESS	8139 LAKE POINTE COURT	
CITY-ST-ZIP	PLANTATION FL 33322	
TITLE	D	<input type="checkbox"/> Delete
NAME	FINLEY, ANITA	
STREET ADDRESS	3 BEACHWAY N.	
CITY-ST-ZIP	BOYNTON BEACH FL 33435	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claude H. Rhea, III CLAUDE H. RHEA, III 1-22-00 703-406-7658  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)