

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90311 025 \*\*\*150.00

UBR 2002 UBR AT

**DOCUMENT # P96000017566**

1. Entity Name  
**ATLANTIC COAST COMMUNICATIONS, INC.**

Principal Place of Business Mailing Address  
**6305 S HEADER CANAL RD 6305 S HEADER CANAL RD**  
**PORT SAINT LUCIE FL 34987 PORT SAINT LUCIE FL 34987**  
**US US**

2. Principal Place of Business 3. Mailing Address  
**65 HENRY LN 65 HENRY LN.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**BULLS GAP, TN BULLS GAP TN**  
 Zip Country Zip Country  
**37711 GREENE 37711 GREENE**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3363755** Applied For  
 Not Applicable

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

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

**PINE, ROBERT F**  
**6305 S HEADER CANAL RD**  
**PT ST LUCIE FL 34988**

**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

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, 2002 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	<b>P</b> <b>PINE, ROBERT F</b> <b>6305 S HEADER CANAL RD</b> <b>PT ST LUCIE FL 34988</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PINE, ARDITH H</b> <b>6305 S HEADER CANAL RD</b> <b>PT ST LUCIE FL 34988</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>PINE, ROBERT F</b> <b>65 HENRY LN</b> <b>BULLS GAP, TN 37711</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PINE, ARDITH H</b> <b>65 HENRY LN</b> <b>BULLS GAP, TN 37711</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-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)(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: **ARDITH H. PINE, V.P.**

Date: \_\_\_\_\_ Daytime Phone #: **423)422-6552**

CR2E034 (9/01)