

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90096 003 \*\*\*150.00

0356706

**DOCUMENT # 111977**

1. Entity Name  
**TIMES PUBLISHING COMPANY**

Principal Place of Business      Mailing Address  
**490 1ST. AVENUE S.**      **490 1ST. AVENUE S.**  
**SAINT PETERSBURG FL 33701**      **SAINT PETERSBURG FL 33701**

**726798**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-0482470</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>CORTY, ANDREW P</b> <b>490 FIRST AVENUE SOUTH</b> <b>ST. PETERSBURG FL 33701</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> 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>PDC</b> <b>BARNES, ANDREW</b> <b>490 1ST. AVENUE S.</b> <b>ST. PETERSBURG FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DC</b> <b>Omit Title "p"</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TASH, PAUL C</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG FL 33702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>COTTY, ANDREW P</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG FL 33701</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CORTY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CARROLL, R MICHAEL</b> <b>490 FIRST AVENUE SOUTH</b> <b>SAINT PETERSBURG FL 33701</b> <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Martha A. Petty</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>Neil S. Brown</b> <b>490 First Avenue South</b> <b>St. Petersburg, FL 33701</b> <input type="checkbox"/> Change <input checked="" 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:** Andrew P Cotty 3/8/01 **727/893-8204**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

#111977  
726798

Attachment to:

2001 Uniform Business Report  
Times Publishing Company  
(Document #111977)

Additional Officers and Directors

V

Louis J. Franconeri  
490 First Avenue South  
St. Petersburg, FL 33701

V/D

Philip L. Gailey  
490 First Avenue South  
St. Petersburg, FL 33701

D

Robert W. Merry  
490 First Avenue South  
St. Petersburg, FL 33701

D

Lucy W. Morgan  
490 First Avenue South  
St. Petersburg, FL 33701

D

James M. Naughton  
490 First Avenue South  
St. Petersburg, FL 33701


D

Richard Reeves  
490 First Avenue South  
St. Petersburg, FL 33701

I hereby certify that the information on this attachment is accurate.



Andrew P. Corty, Secretary



Date