

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 206102**

1. Entity Name

FLORIDA PRESS SERVICE, INC.**FILED****Mar 15, 2001 8:00 am**
Secretary of State

03-15-2001 90010 038 ***150.00

Principal Place of Business

**122 S CALHOUN ST
TALLAHASSEE FL 32301**

Mailing Address

**122 S CALHOUN ST
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0820774**

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****SHELTON, RICHARD D
336 E. COLLEGE AVE., SUITE 103
TALLAHASSEE FL 32301**Name **DEAN RIDINGS**Street Address (P.O. Box Number is Not Acceptable)
122 S. CALHOUN STCity **TALLAHASSEE****FL**Zip Code
32301

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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 **SM** ☒ Delete
NAME **SHELTON, RICHARD D**
STREET ADDRESS **336 E. COLLEGE AVE.**
CITY-ST-ZIP **TALLAHASSEE FL**TITLE **SM** ☒ Change ☐ Addition
NAME **DEAN RIDINGS**
STREET ADDRESS **122 S. CALHOUN ST**
CITY-ST-ZIP **TALLAHASSEE FL 32301**TITLE **VPD** ☐ Delete
NAME **ROCKWELL, CARLA**
STREET ADDRESS **1401 OAKFIELD DRIVE**
CITY-ST-ZIP **BRANDON FL 33511-2800**TITLE **PD** ☒ Change ☐ Addition
NAME **PD**
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☒ Delete
NAME **WHITWORTH, DON**
STREET ADDRESS **401 S MISSOURI AVE**
CITY-ST-ZIP **LAKELAND FL**TITLE **TD** ☒ Change ☒ Addition
NAME **DAN AUTREY**
STREET ADDRESS **108 CHURCH ST**
CITY-ST-ZIP **KISSIMMEE FL 34741**TITLE **CD** ☐ Delete
NAME **BARBER, ED**
STREET ADDRESS **1105 W UNIVERSITY AVE**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **CANNON, CARL**
STREET ADDRESS **ONE RIVERSIDE DR**
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE **VPD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

DEAN RIDINGS

Date

2/13/01

Daytime Phone #

850 222 6401

CR2E034 (10/00)