

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90060 035 ****61.25

DOCUMENT # 723936

1. Entity Name

THE ALACHUA PRESS, INC.

Principal Place of Business

513 E UNIVERSITY AVE
 GAINESVILLE FL 32601-5451
 US

Mailing Address

513 E UNIVERSITY AVE
 GAINESVILLE FL 32601-5451
 US

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

23-7225382

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

MAHON, JOHN K
4129 SW 2ND AVE
GAINESVILLE FL 32607

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **VD** Delete
 NAME: **SCOTT, BARBARA S**
 STREET ADDRESS: **150 SW FAIRWAY DR**
 CITY-ST-ZIP: **KEYSTONE HEIGHTS FL 32656**

TITLE: Change Addition
 NAME: **Davis, Don L.**
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **D** Delete
 NAME: **COOPER, BURNHAM**
 STREET ADDRESS: **16718 NW 40TH PL**
 CITY-ST-ZIP: **NEWBERRY FL 32669**

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

TITLE: **TD** Delete
 NAME: **SMITH, ROBERT**
 STREET ADDRESS: **3809 S.W. 37TH ST.**
 CITY-ST-ZIP: **GAINESVILLE FL 32608**

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

TITLE: **D** Delete
 NAME: **MAHON, JOHN K**
 STREET ADDRESS: **4129 SW 2 AVE**
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

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

TITLE: **PD** Delete
 NAME: **PICKARD, JOHN B**
 STREET ADDRESS: **406 N.E. 7TH AVE.**
 CITY-ST-ZIP: **GAINESVILLE FL 32601**

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

TITLE: **D** Delete
 NAME: **GRANTHAM, SUSAN**
 STREET ADDRESS: **215 SW 40TH TERR**
 CITY-ST-ZIP: **GAINESVILLE FL 32607**

TITLE: Change 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: **Robert A. Smith** *Robert A. Smith*

29 April 2001 (352)376-6477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

ATTACHMENT
2001 UNIFORM BUSINESS REPORT
THE ALACHUA PRESS, INC. 723936

Attachment

842497

ITEM 11 (CONTINUED): OFFICERS AND DIRECTORS

723936

7.1 TITLE D
7.2 NAME MORRIS-BABB, MEREDITH
7.3 ADDRESS 10220 S.W. 8TH TERRACE
7.4 CITY-ST-ZIP MICANOPY, FL 32667

8.1 TITLE D
8.2 NAME BREDAHL, CARL
8.3 ADDRESS 515 N.E. 9TH AVENUE
8.4 CITY-ST-ZIP GAINESVILLE, FL 32607

9.1 TITLE D
9.2 NAME COLLINS, DAVID
9.3 ADDRESS 109 ANN STREET
9.4 CITY-ST-ZIP HAWTHORNE, FL 32640