

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N49863

1. Entity Name

FLORIDA PUBLISHERS ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90016 033 ****61.25

Principal Place of Business

Mailing Address

P. O. BOX 430
HIGHLAND CITY FL 33846-0430
US

P. O. BOX 430
HIGHLAND CITY FL 33846-0430
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

59-3134659

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

LAMPE, BETSY
2090 E CHURCH ST
BARTOW FL 33830

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 DP ☒ Delete
NAME HAGEN, BARBARA
STREET ADDRESS 2189 CLEVELAND, STE 22B
CITY-ST-ZIP CLEARWATER FL

TITLE DP ☒ Change ☐ Addition
NAME Harms, John
STREET ADDRESS POB 32595
CITY-ST-ZIP Palm Beach Gardens, FL 33420-2593

TITLE DV ☒ Delete
NAME HARRIS, JOHN II
STREET ADDRESS P.O. BOX 32595
CITY-ST-ZIP PALM BEACH GARDENS FL 33420-2593

TITLE DSecretary ☒ Change ☐ Addition
NAME Dinah Arnette
STREET ADDRESS POB 21345
CITY-ST-ZIP Tampa, FL 33622

TITLE DT ☐ Delete
NAME WRIGHT, BETTY
STREET ADDRESS 5435 HIGHLANDS VUE LN
CITY-ST-ZIP LAKE LAND FL

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

TITLE D ☒ Delete
NAME SALISBURY, LINDA
STREET ADDRESS 4429 SHADY LANE
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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)(f), 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:

BETTY WRIGHT PRES. *Betty Wright*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/00 860/647-5951

Date

Daytime Phone #

CR2E037 (9/99)