2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am Secretary of State DOCUMENT # N98000001375 03-08-2001 90061 014 ****61.25 THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC. Mailing Address Principal Place of Business 384 WEST SHORE DR 1200 N FEDERAL HWY. STE 411 C00316874 **BOCA RATON FL 33432** WYCKOFF NJ 07481-2434 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0824010 Not Applicable \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent. 6.- Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FORBES, PHILIP H 1200 N FEDERAL HWY, STE 411 **BOCA RATON FL 33432** Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. CR2E037 (10/00) Change ☐ Addition PTD TITLE TITLE ☐ Delete SCRIPPS, ROBERT K NAME NAME STREET ADDRESS 384 WEST SHORE DR STREET ADDRESS CITY-ST-ZIP CETY-ST-7IP WYCKOFF NJ 07481-2434 Change ☐ Addition TITLE ☐ Delete DILE SCRIPPS, ELIZABETH H NAME NAME STREET ADDRESS STREET ADDRESS 384 WEST SHORE DR CITY-ST-ZIP CITY-ST-ZIP WYCKOFF NJ 07481-2434 Addition Change Change ☐ Delets TITLE SCRIPPS LAFLAMME, SUZANNE NAME STREET ADDRESS 6 CUESTA LN_ STREET ADDRESS CITY-ST-ZIP SANTA FE NM 87505-8782 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE SCRIPPS, CHRISTINA NAME NAME STREET ADDRESS STREET ADDRESS 384 WEST SHORE DR CITY-ST-ZIP CITY-ST-ZIP WYCKOFF NJ 07481-2434 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 it changed, or on an attachment with an address, with all other like empowered. SIGNATURE:

FILED