

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90023 050 ***150.00

B0024051



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000002226

1. Entity Name
CENTRAL FLORIDA PUBLISHING, INC.

Principal Place of Business 94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765	Mailing Address 94 EAST MITCHELL HAMMOCK ROAD OVIEDO FL 32765-9783
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2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3360933	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent THOMAS, THOMAS R. 94 E. MITCHELL HAMMOCK RD. OVIEDO FL 32765			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

ii. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PD	MASON, ROBERT 428 CELERY CIRCLE N. OVIEDO FL	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
T	THOMAS, THOMAS R. 758 N. GRETNA CT. WINTER SPRINGS FL	<input type="checkbox"/> Delete	TITLE	T/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
TD	MCKAIGE, GEORGE T. 1802 N. LAUREL DR. ROCKLEDGE FL	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
D	MALLOY, THOMAS M 1075 WEAVER DRIVE OVIEDO FL 32765	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
ST-ZIP			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		
			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			NAME		
			STREET ADDRESS		
			CITY-ST-ZIP		

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: _____ Date: **2/15/00** Daytime Phone #: **(407) 365-6604**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)