

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90227 027 ***150.00

DOCUMENT # P97000002826

1. Entity Name

THE BEST OF PUBLISHING, INC.

Principal Place of Business

Mailing Address

601 NO. ORLANDO AVE.
 MAITLAND FL 32751
 US

PO BOX 952751
 LAKE MURRY FL 32795-2751
 US

2. Principal Place of Business

3. Mailing Address

P.O. Box 952751

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
LAKE MARY, FL

4. FEI Number **59-3418460**

Applied For
 Not Applicable

Zip

Country

Zip *32795-2751* Country *SEMINOLE*

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

FORET, JOHN
679 HOLBROOK CIRCLE
LAKE MARY FL 32746

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

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
 NAME **D FORET, JOHN**
 STREET ADDRESS **679 HOLBROOK CIRCLE**
 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D WARREN, JENKINS E JR**
 STREET ADDRESS **1351 MARKHAM WOODS RD.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME **D WARREN E. JENKINS JR.**
 STREET ADDRESS **1351 MARKHAM WOODS Rd.**
 CITY-ST-ZIP **LONGWOOD, FL 32779**

TITLE Delete
 NAME **D ISAAC, BRYNLEY E**
 STREET ADDRESS **1351 MARKHAM WOODS RD.**
 CITY-ST-ZIP **LONGWOOD FL 32779**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 STREET ADDRESS
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TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-00

Date

(407) 834-5583

Daytime Phone #

CR2E034 (9/99)