

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90085 025 \*\*\*150.00

DOCUMENT # 012575

1. Corporation Name

COLLIER COUNTY PUBLISHING COMPANY

Principal Place of Business

312 WALNUT ST. 28TH FL.  
P.O. BOX 5380  
CINCINNATI OH 45201  
US

Mailing Address

312 WALNUT ST. 28TH FLOOR  
P.O. BOX 5380  
CINCINNATI OH 45201  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1923

4. FEI Number

59-0578327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

V  
NAME CASTELLINI, DANIEL J.  
STREET ADDRESS 7057 WOODSEGE DR.  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

P  
NAME WYANT, CORBIN A.  
STREET ADDRESS 320 BOWLINE DR  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE

D  
NAME BURLEIGH, WILLIAM R.  
STREET ADDRESS 5925 ROPES DR  
CITY-ST-ZIP CINCINNATI OH

TITLE ☐ DELETE

S  
NAME KUPRIONIS, M. DENISE  
STREET ADDRESS 214 REDBUD CT  
CITY-ST-ZIP LOVELAND OH

TITLE ☐ DELETE

T  
NAME WOLFZORN, E. JOHN  
STREET ADDRESS 2255 HEATHER HILL BLVD.  
CITY-ST-ZIP CINCINNATI OH

TITLE ☒ DELETE

D  
NAME SCRIPPS, CHARLES E.  
STREET ADDRESS 10 GRANDIN LANE  
CITY-ST-ZIP CINCINNATI OH

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

VIO

CASTELLINI, DANIEL J.

7057 WOODSEGE DR.

CINCINNATI, OH

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIV

HORTON, ALAN M.

39 LOCUST HILL RD.

CINCINNATI, OH

☒ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DSC: *Daniel J. Castellini*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

D. J. CASTELLINI - VICE PRESIDENT

Date

4/20/99

Daytime Phone #

(513) 977-3000

CR2E034 (11/98)