

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State
 05-24-2000 90082 043 ***150.00

DOCUMENT # 012575

1. Entity Name
COLLIER COUNTY PUBLISHING COMPANY

A0064930



DO NOT WRITE IN THIS SPACE

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 45201-5380 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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4. FEI Number 59-0578327	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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]*
 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	VD	<input type="checkbox"/> Delete
NAME	CASTELLINI, DANIEL J.	
STREET ADDRESS	7057 WOODSEGE DR.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	P	<input type="checkbox"/> Delete
NAME	WYANT, CORBIN A.	
STREET ADDRESS	320 BOWLINE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURLEIGH, WILLIAM R.	
STREET ADDRESS	5925 ROPES DR	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	S	<input type="checkbox"/> Delete
NAME	KUPRIONIS, M. DENISE	
STREET ADDRESS	214 REDBUD CT	
CITY-ST-ZIP	LOVELAND OH	
TITLE	T	<input type="checkbox"/> Delete
NAME	WOLFZORN, E. JOHN	
STREET ADDRESS	2255 HEATHER HILL BLVD.	
CITY-ST-ZIP	CINCINNATI OH	
TITLE	DV	<input type="checkbox"/> Delete
NAME	HORTON, ALAN M	
STREET ADDRESS	39 LOCUST HIL RD	
CITY-ST-ZIP	CINCINNATI OH	

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	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **D.S. CASTELLINI** 4/26/2000 (513) 977-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #