

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 119544

1. Entity Name

TALLAHASSEE DEMOCRAT INC

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90479 034 \*\*\*150.00

Principal Place of Business

J. MICHAEL PATE  
277 NORTH MAGNOLIA DR  
TALLAHASSEE FL 32301-2664  
US

Mailing Address

J. M. PATE  
277 NORTH MAGNOLIA DR  
TALLAHASSEE FL 32301-2664  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0184700

Applied For

Not Applicable

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

PATE, J M  
277 N MAGNOLIA  
TALLAHASSEE FL 32301

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, 2002 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 V  
NAME MILLER, JOHN W  
STREET ADDRESS 277 N MAGNOLIA DR  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PP  
NAME PATE, M M  
STREET ADDRESS 277 N. MAGNOLIA DRIVE  
CITY-ST-ZIP TALLAHASSEE FL 32301 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVPF  
NAME MORDO, JEAN  
STREET ADDRESS KRI ONE HERALD PLAZA  
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T  
NAME WEBBER, CINDY  
STREET ADDRESS 277 N. MAGNOLIA DR.  
CITY-ST-ZIP TALLAHASSEE FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SVP/CEO  
NAME Effren, Gary  
STREET ADDRESS 50 West San Fernando Street  
CITY-ST-ZIP San Jose, CA 95113-2413 ☐ Delete

TITLE SVP/CEO  
NAME Effren, Gary  
STREET ADDRESS 50 West San Fernando Street  
CITY-ST-ZIP San Jose, CA 95113-2413 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)