

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90100 044 ***150.00

0648033 AT

DOCUMENT # 012575

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0578327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

TITLE **D** ☐ Delete
NAME **LOWE, KENNETH W**
STREET ADDRESS **2940 GRANDIN ROAD**
CITY-ST-ZIP **CINCINNATI OH 45208**

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

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

TITLE **DV** ☐ Delete
NAME **HORTON, ALAN M**
STREET ADDRESS **39 LOCUST HIL RD**
CITY-ST-ZIP **CINCINNATI OH**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☒ Addition
NAME **ROBERT W. BURDICK**
STREET ADDRESS **1843 GORDON RIVER LANE**
CITY-ST-ZIP **NAPLES, FL. 34104**

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *M. W. WYANT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/22/03**

Daytime Phone #

CR2E034 (10/02)