

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90043 004 ***150.00

DOCUMENT # 111977

1. Entity Name

TIMES PUBLISHING COMPANY

Principal Place of Business

Mailing Address

100 1ST. AVENUE S.
 ST. PETERSBURG FLORIDA 33701

490 1ST. AVENUE S.
 ST. PETERSBURG FLORIDA 33701-4204

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 **59-0482470**

Applied For
 Not Applicable

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

00000001



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROALES, JUDITH
490 FIRST AVENUE SOUTH
ST. PETERSBURG FL 33701

Name
Andrew P. Corty
 Street Address (P.O. Box Number is Not Acceptable)
490 First Avenue South

City **St. Petersburg** FL Zip Code **33701**

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 *Andrew P. Corty* **ANDREW P. CORTY** **2/25/00**
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	PDC	<input type="checkbox"/> Delete
NAME	BARNES, ANDREW	
STREET ADDRESS	490 1ST. AVENUE S.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROALES, JUDITH	
STREET ADDRESS	490 FIRST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	TDSV	<input checked="" type="checkbox"/> Delete
NAME	KARL, CATHERINE	
STREET ADDRESS	490 1 ST AVENUE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COMIT TITLE "P" PRESIDENT	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul C. Tash	
STREET ADDRESS	490 First Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew P. Corty	
STREET ADDRESS	490 First Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33701	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Michael Carroll	
STREET ADDRESS	490 First Avenue South	
CITY-ST-ZIP	St. Petersburg, FL 33701	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 60, 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: *Andrew P. Corty* **ANDREW P. CORTY** **2/25/00** **727/893-8204**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)