

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 113698

1. Entity Name

NEWS-JOURNAL CORPORATION

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90027 018 ***150.00

Principal Place of Business

Mailing Address

901 6TH STR
DAYTONA BEACH FL 32117-8099
US

% HERBERT M DAVIDSON, JR
PO BOX 2831
DAYTONA BEACH FL 32120-2831
US

80005983



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-0376230

Applied For
Not Applicable

Zip Country Zip Country

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

DAVIDSON, HERBERT M., JR.
901 SIXTH STREET
DAYTONA BEACH FL 32117

Name David R. Kendall
Street Address (P.O. Box Number is Not Acceptable)
901 Sixth Street
City Daytona Beach FL Zip Code 32117

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 *David R. Kendall* David R. Kendall, CFO 1-10-2000
(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	ASVD	<input type="checkbox"/> Delete
NAME	KANEY, GEORGIA M.	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH. FL 32117	
TITLE	ASDT	<input type="checkbox"/> Delete
NAME	DAVIDSON, MARC L.	
STREET ADDRESS	901 6TH ST.	
CITY-ST-ZIP	DAYTONA BCH. FL 32117	
TITLE	ASVD	<input type="checkbox"/> Delete
NAME	COBB, THOMAS T	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH. FL 32117	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KANEY, JONATHAN D., JR.	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH., FL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DAVIDSON, HERBERT M JR	
STREET ADDRESS	901 6TH ST	
CITY-ST-ZIP	DAYTONA BCH., FL 00000	
TITLE	AS	<input type="checkbox"/> Delete
NAME	DAVIDSON TUILO, JULIA	
STREET ADDRESS	901 SIXTH ST	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David R. Kendall	
STREET ADDRESS	901 Sixth Street	
CITY-ST-ZIP	Daytona Beach, FL 32117	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Truilo	
STREET ADDRESS	901 Sixth Street	
CITY-ST-ZIP	Daytona Beach, FL 32117	
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: *Georgia M. Kaney* Vice-President 1-11-2000 (904)-252-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)