

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 176860

1. Entity Name

THE GABLES PUBLISHING COMPANY

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90065 002 ***158.75

0616911 AT

Principal Place of Business

Mailing Address

ONE HERALD PLAZA
MIAMI FL 33132
US

KNIGHT RIDDER TAX
50 W SAN FERNANDO ST STE 1500
SAN JOSE CA 95113
US

00037500



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

59-0705454

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

CT CORPORATION
1200 S PINE ISLAND RD
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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RIDDER, P. ANTHONY
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LAFFOON, POLK
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AVP
HAUSWIRTH, LYNDA
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CONNORS, MARY JEAN
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AT
EFFREN, GARY R.
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCOMAS, FRANK
50 W SAN FERNANDO ST
SAN JOSE CA 95113 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
YAMATE, GORDON
50 W. SAN FERNANDO ST.
SAN JOSE, CA 95113 ☒ 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:

Lynda Hauswirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02
Date

Daytime Phone #

CR2E034 (9/01)