

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 92194 050 ***158.75

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1. Entity Name
THE GABLES PUBLISHING COMPANY



Principal Place of Business
**ONE HERALD PLAZA
MIAMI, FL 33132 US**

Mailing Address
**KNIGHT RIDDER TAX
50 W SAN FERNANDO ST STE 1500
SAN JOSE, CA 95113 US**

90126001



☐ CHECK HERE IF MAKING CHANGES

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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **RIDDER, P. ANTHONY**
STREET ADDRESS **50 W SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE, CA 95113**

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

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

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

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

TITLE **AV** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

TITLE **V/T** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **YAMATE, GORDON**
STREET ADDRESS **50 W SAN FERNANDO**
CITY-ST-ZIP **SAN JOSE, CA 95113**

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 507, 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

Lynda Hauswirth

Lynda Hauswirth

4/28/03

408 938 7700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)