

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90123 017 ***158.75

DOCUMENT # 244361

1. Entity Name
HOMESTEAD NEWSPAPERS, INC.

Principal Place of Business

**15 N.E. FIRST ROAD
HOMESTEAD FL 33030**

Mailing Address

**P. O. BOX 900340
HOMESTEAD FL 33090
US**

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

59-0916959

Applied For

Not Applicable

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

**MARTIN, GLENN A.
28 FONSECA AVENUE
CORAL GABLES FL 33134**

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 ☐ Delete
NAME **V**
STREET ADDRESS **ELLIS, S.M.**
CITY-ST-ZIP **8400 RT. 13
LEVITTOWN PA**

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

TITLE ☐ Delete
NAME **TV**
STREET ADDRESS **BIRCH, E J**
CITY-ST-ZIP **8400 RT 13
LEVINTOWN, PA 00000**

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

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **SHORTS, GARY**
CITY-ST-ZIP **8400 RT 13
LEVITTOWN PA 19057**

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **MARTIN, G.A.**
CITY-ST-ZIP **1110 COLUMBUS BLVD.
CORAL GABLES FL**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **28 Fonseca Avenue**
CITY-ST-ZIP **Coral Gables, FL 33134**

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **HARDY, S C**
CITY-ST-ZIP **862 GAINSWAY ROAD
YARDLY, PA 00000**

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

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **ELLIS, S C**
CITY-ST-ZIP **5 LAUREL ROAD
RIVERTON, NJ 00000**

TITLE ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26 APR 02

Date

305-245-2311

Daytime Phone #

CR2E034 (9/01)