

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291602

1. Entity Name

STUART NEWS COMPANY (NAME CHANGED TO SCRIPPS TREASURE  
COAST PUBLISHING COMPANY-3/1/2000)

Principal Place of Business

Mailing Address

312 WALNUT ST., 28TH FLOOR  
P.O. BOX 5380  
CINCINNATI OH 45201  
US

312 WALNUT STREET, 28TH FLOOR  
POST OFFICE BOX 5380  
CINCINNATI OHIO 45201-5380  
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 59-1093327

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
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, 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          | S                         | <input type="checkbox"/> Delete |
| NAME           | KUPRIONIS, M. DENISE      |                                 |
| STREET ADDRESS | 214 REDBUD CT.            |                                 |
| CITY-ST-ZIP    | LOVELAND OH               |                                 |
| TITLE          | P                         | <input type="checkbox"/> Delete |
| NAME           | WEBER, THOMAS             |                                 |
| STREET ADDRESS | 432 PINE TREE LANE        |                                 |
| CITY-ST-ZIP    | STUART FL                 |                                 |
| TITLE          | VD                        | <input type="checkbox"/> Delete |
| NAME           | CASTELLINI, D J           |                                 |
| STREET ADDRESS | 7057 WOODSEGE DRIVE       |                                 |
| CITY-ST-ZIP    | CINCINNATI OH             |                                 |
| TITLE          | T                         | <input type="checkbox"/> Delete |
| NAME           | WOLFZORN, E. JOHN         |                                 |
| STREET ADDRESS | 312 WALNUT ST, 28TH FLOOR |                                 |
| CITY-ST-ZIP    | CINCINNATI OH             |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | BURLEIGH, WILLIAM R       |                                 |
| STREET ADDRESS | 11213 E. BEND RD.         |                                 |
| CITY-ST-ZIP    | BURLINGTON KY             |                                 |
| TITLE          | D                         | <input type="checkbox"/> Delete |
| NAME           | HARTON, ALAN M            |                                 |
| STREET ADDRESS | 39 LOCUST HILL RD.        |                                 |
| CITY-ST-ZIP    | CINCINNATI OH             |                                 |

|                |                    |  |
|----------------|--------------------|--|
| 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    |                    |  |
| TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                    |  |
| STREET ADDRESS |                    |  |
| CITY-ST-ZIP    |                    |  |
| TITLE          | D                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | HORTON, ALAN M.    |  |
| STREET ADDRESS | 39 LOCUST HILL RD. |  |
| CITY-ST-ZIP    | CINCINNATI, OH     |  |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P. J. CASTELLINI

4/26/2000

Date

(513) 977-3000

Daytime Phone #

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90082 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR 014 (9/99)