

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 291602

1. Entity Name

SCRIPPS TREASURE COAST PUBLISHING COMPANY

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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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, 2001 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 S
STREET ADDRESS KUPRIONIS, M. DENISE
CITY-ST-ZIP 214 REDBUD CT.
LOVELAND OH

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

TITLE ☐ Delete
NAME P
STREET ADDRESS WEBER, THOMAS
CITY-ST-ZIP 432 PINE TREE LANE
STUART FL

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

TITLE ☐ Delete
NAME VD
STREET ADDRESS CASTELLINI, D J
CITY-ST-ZIP 7057 WOODSEGE DRIVE
CINCINNATI OH

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

TITLE ☐ Delete
NAME T
STREET ADDRESS WOLFZORN, E. JOHN
CITY-ST-ZIP 312 WALNUT ST, 28TH FLOOR
CINCINNATI OH

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

TITLE ☒ Delete
NAME D
STREET ADDRESS BURLEIGH, WILLIAM R
CITY-ST-ZIP 11213 E. BEND RD.
BURLINGTON KY

TITLE ☐ Change ☒ Addition
NAME D
STREET ADDRESS KENNETH W. LOWE
CITY-ST-ZIP 2940 GRANDIN ROAD
CINCINNATI, OH

TITLE ☐ Delete
NAME D
STREET ADDRESS HARTON, ALAN M
CITY-ST-ZIP 39 LOCUST HILL RD.
CINCINNATI OH

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: *D.J. Castellini*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90397 005 ***150.00

844396



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1093327

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)