

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 366450

1. Entity Name

MILTON NEWSPAPERS INC

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90107 004 ***150.00

Principal Place of Business

Mailing Address

THE PRESS GAZETTE
531 W. ELVA ST.
MILTON FL 32570

THE PRESS GAZETTE
531 W. ELVA ST.
MILTON FL 32570-4727

2. Principal Place of Business

THE PRESS GAZETTE

3. Mailing Address

THE PRESS GAZETTE

Suite, Apt. #, etc.

531 ELVA ST SW

Suite, Apt. #, etc.

531 ELVA ST SW

City & State

MILTON FL

City & State

MILTON FL

Zip

32570

Country

SANTA ROSA

Zip

32570

Country

SANTA ROSA

6. Name and Address of Current Registered Agent

HILL, JIMMIE D.
531 W. ELVA ST.
MILTON FL

7. Name and Address of New Registered Agent

Name **MR. COULTER, MICHAEL**

Street Address (P.O. Box Number is Not Acceptable)
531 ELVA ST, SW

City **MILTON**

FL

Zip Code **32570**

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

TITLE **P** ☒ Delete
NAME **HILL, JIMMIE D.**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL**

TITLE **VP** ☒ Delete
NAME **COULTER, MICHAEL**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL**

TITLE **ST** ☐ Delete
NAME **BARNES, CAROL**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL**

TITLE **ST** ☒ Delete
NAME **YOUNG, MANTHA**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Delete
NAME **RICKETSON, LYNETTE**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Delete
NAME **BARNES, CAROL**
STREET ADDRESS **531 W. ELVA ST.**
CITY-ST-ZIP **MILTON FL 32570**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **COULTER, MICHAEL**
STREET ADDRESS **531 ELVA ST, SW**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **VP** ☒ Change ☐ Addition
NAME **YOUNG, MANTHA**
STREET ADDRESS **531 ELVA ST SW**
CITY-ST-ZIP **MILTON, FL 32570**

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

TITLE **D** ☐ Change ☒ Addition
NAME **RICKETSON, JOHN**
STREET ADDRESS **531 ELVA ST SW**
CITY-ST-ZIP **MILTON, FL 32570**

TITLE **D** ☐ Change ☒ Addition
NAME **COULTER, ALEX**
STREET ADDRESS **531 ELVA ST SW**
CITY-ST-ZIP **MILTON FL 32570**

TITLE **D** ☒ Change ☐ Addition
NAME **HILL, JIMMIE D.**
STREET ADDRESS **531 ELVA ST SW**
CITY-ST-ZIP **MILTON FL 32570**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)