

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 385726

1. Entity Name

LAKELAND LEDGER PUBLISHING CORPORATION

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90097 001 \*\*\*150.00

Principal Place of Business

Mailing Address

401 S MISSOURI AVE.  
BOX 408  
LAKELAND FL 33802-4731  
US

C/O LEGAL DEPT  
229 W. 43RD ST  
NEW YORK NY 10036-3913  
US

2. Principal Place of Business

300 W. Lime St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland, FL 33815

City & State

4. FEI Number

59-1381032

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

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
STE 105  
TALLAHASSEE FL 32301

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 PD ☒ Delete  
NAME WEEKS, JAMES C  
STREET ADDRESS 3414 PEACHTREE RD. N.E.  
CITY-ST-ZIP ATLANTA GA 30326

TITLE PD ☒ Change ☐ Addition  
NAME Lynn O. Matthews  
STREET ADDRESS 3414 Peachtree Rd NE  
CITY-ST-ZIP Atlanta GA 30326

TITLE SD ☐ Delete  
NAME CORWIN, LAURA J  
STREET ADDRESS 229 W 43RD STREET  
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE T ☒ Delete  
NAME TAUS, ELLEN  
STREET ADDRESS 229 W 43RD ST  
CITY-ST-ZIP NEW YORK NY 10036

TITLE VT ☒ Change ☐ Addition  
NAME James C. Lessersohn  
STREET ADDRESS 229 W. 43rd St  
CITY-ST-ZIP New York NY 10036

TITLE V ☐ Delete  
NAME O'BRIEN, JOHN  
STREET ADDRESS 229 W 43RD ST  
CITY-ST-ZIP NEW YORK NY 10036

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

TITLE DV ☐ Delete  
NAME WHITWORTH, DON  
STREET ADDRESS 401 SOUTH MISSOURI AVE  
CITY-ST-ZIP LAKELAND FL 33802

TITLE V ☒ Change ☐ Addition  
NAME Don Whitworth  
STREET ADDRESS 300 W. Lime St.  
CITY-ST-ZIP Lakeland FL 33815

TITLE V ☐ Delete  
NAME STOLLER, STUART  
STREET ADDRESS 229 WEST 43RD STREET  
CITY-ST-ZIP NEW YORK NY 10036

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:

*Rhonda L. Brauer*

Rhonda L. Brauer, Asst. Secy. 4/13/00

212/556-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)