

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90097 004 \*\*\*150.00

**DOCUMENT # 391889**

1. Entity Name

**THE LEESBURG DAILY COMMERCIAL, INC.**

Principal Place of Business

Mailing Address

E MAIN ST  
O. DRAWER 7  
FL 32748C/O LEGAL DEPT  
229 W 43RD ST  
NEW YORK NY 10036-3913  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1367492**

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  
SUITE 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 NE  
CITY-ST-ZIP ATLANTA GA 30326TITLE P ☒ Change ☐ Addition  
NAME John M. O'Brien  
STREET ADDRESS 229 W. 43rd St  
CITY-ST-ZIP New York NY 10036TITLE SD ☐ Delete  
NAME CORWIN, LAURA J  
STREET ADDRESS 229 WEST 43RD STREET  
CITY-ST-ZIP NEW YORK NY 10036TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE T ☒ Delete  
NAME TAUS, ELLEN  
STREET ADDRESS 229 W 43RD STREET  
CITY-ST-ZIP NEW YORK NY 10036TITLE VT ☒ Change ☐ Addition  
NAME James C. Lessersohn  
STREET ADDRESS 229 W 43rd St  
CITY-ST-ZIP New York NY 10036TITLE V ☐ Delete  
NAME STOLLER, STUART  
STREET ADDRESS 229 W 43RD ST  
CITY-ST-ZIP NEW YORK NY 10036TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE AS ☐ Delete  
NAME BRAUER, RHONDA  
STREET ADDRESS 229 W 43D STREET  
CITY-ST-ZIP NEW YORK NY 10036TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE D ☐ Change ☒ Addition  
NAME Rhonda Brauer  
STREET ADDRESS 229 W 43rd St  
CITY-ST-ZIP New York NY 10036

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rhonda L. Brauer  
Asst. Secy.

4/13/00

Date

212/556-7127

Daytime Phone #

CR2E034 (9/99)