

2001 UNIFORM BUSINESS REPORT (UBR)

0693008

DOCUMENT # 393312

1. Entity Name
THE MIAMI HERALD PUBLISHING COMPANY

FILED

01 APR -3 PM 12: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

ONE HERALD PLAZA
MIAMI FL 33132
US

50 WEST SAN FERNANDO ST.. #1200
SAN JOSE CA 95113

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **38-0723657**

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

NATOLI, JOE
ONE HERALD PLAZA
MIAMI FL 33132-8693

Name
CT Corporation
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
City **Plantation** FL Zip Code **33324**

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 *Tina Perone*
Signature, typed or printed name of registered agent and title if applicable.

TINA PERONE
(NOTE: Registered Agent signature required when reinstating)

4/2/01
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 **PC** ☐ Delete
NAME **IBARGUEN, ALBERTO**
STREET ADDRESS **ONE HERALD PLAZA**
CITY-ST-ZIP **MIAMI FL 33132**

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

TITLE **P** ☐ Delete
NAME **NATOLI, JOE**
STREET ADDRESS **ONE HERALD PLAZA**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE ☐ Change ☐ Addition
NAME **300004009113-1**
STREET ADDRESS **-04/16/01--D1004--003**
CITY-ST-ZIP ******158.75 ****158.75**

TITLE **VPT** ☒ Delete
NAME **JONES, ROSS**
STREET ADDRESS **50 WEST SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☒ Addition
NAME **AT GARY EFFRON**
STREET ADDRESS **50 W SAN FERNANDO ST.**
CITY-ST-ZIP **SAN JOSE, CA 95113**

TITLE **S** ☐ Delete
NAME **LAFFOON, POLK**
STREET ADDRESS **50 WEST SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

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

TITLE **AVP** ☐ Delete
NAME **HAUSWIRTH, LYNDIA**
STREET ADDRESS **50 WEST SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

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

TITLE **D** ☒ Delete
NAME **CONNORS, MARY JEAN**
STREET ADDRESS **50 WEST SAN FERNANDO ST**
CITY-ST-ZIP **SAN JOSE CA 95113**

TITLE ☐ Change ☒ Addition
NAME **P. Anthony Ridder**
STREET ADDRESS **50 W. SAN FERNANDO ST.**
CITY-ST-ZIP **SAN JOSE, CA 95113**
SP

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: *Lynda Hauswirth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/2001

Date

Daytime Phone #

CR2E034 (10/00)