

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 715668

1. Entity Name

NEWSPAPER WITH A HEART FUND, INC.

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

04-27-2000 90097 002 ****61.25

Principal Place of Business

Mailing Address

401 S MISSOURI AVE.
LAKELAND FL 33802
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

23-7022590

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WEEKS, JAMES	
STREET ADDRESS	3414 PEACHTREE ROAD, N.W.	
CITY-ST-ZIP	ATLANTA GA 30326	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, JOHN M	
STREET ADDRESS	229 W 43RD ST	
CITY-ST-ZIP	NEW YORK CITY	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITWORTH, DON R	
STREET ADDRESS	401 SOUTH MISSOURI AVENUE	
CITY-ST-ZIP	LAKELAND FL 33802	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CORWIN, LAURA J	
STREET ADDRESS	229 W. 43RD STREET	
CITY-ST-ZIP	NEW YORK CITY 10036	
TITLE	V	<input type="checkbox"/> Delete
NAME	STOLLER, STUART	
STREET ADDRESS	229 W. 43RD STREET	
CITY-ST-ZIP	NEW YORK CITY 10036	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	TAUS, ELLEN	
STREET ADDRESS	229 W. 43RD STREET	
CITY-ST-ZIP	NEW YORK CITY	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don R. Whitworth	
STREET ADDRESS	300 W. Lime St.	
CITY-ST-ZIP	Lakeland, FL 33815	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rhonda L. Brauer	
STREET ADDRESS	229 W. 43rd St.	
CITY-ST-ZIP	New York, NY 10036	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James C. Lessersohn	
STREET ADDRESS	229 W. 43rd St.	
CITY-ST-ZIP	New York, NY 10036	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

212/556-7127

Date

Daytime Phone #

CR2E037 (9/99)