

2002 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 15, 2002 8:00 am**
Secretary of State

07-15-2002 90193 045 ****61.25

DOCUMENT # 723936

1. Entity Name

THE ALACHUA PRESS, INC.

Principal Place of Business

Mailing Address

**513 E UNIVERSITY AVE
GAINESVILLE FL 32601-5451
US****513 E UNIVERSITY AVE
GAINESVILLE FL 32601-5451
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7225382

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**7. Name and Address of New Registered Agent****MAHON, JOHN K
4129 SW 2ND AVE
GAINESVILLE FL 32607**

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE **VD** ☐ Delete
NAME **DAVIS, DON L**
STREET ADDRESS **150 SW FAIRWAY DR**
CITY-ST-ZIP **KEYSTONE HEIGHTS FL 32656**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **COOPER, BURNHAM**
STREET ADDRESS **16718 NW 40TH PL**
CITY-ST-ZIP **NEWBERRY FL 32669**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **TD** ☐ Delete
NAME **SMITH, ROBERT**
STREET ADDRESS **3809 S.W. 37TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32608**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **MAHON, JOHN K**
STREET ADDRESS **4129 SW 2 AVE**
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **PICKARD, JOHN B**
STREET ADDRESS **406 N.E. 7TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32601**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **GRANTHAM, SUSAN**
STREET ADDRESS **215 SW 40TH TERR**
CITY-ST-ZIP **GAINESVILLE FL 32607**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Robert A. Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 July 2002 (352)376-6477

Date

Daytime Phone #

CR2E037 (9/01)

Attachment

B0129254

723936

ATTACHMENT
2002 UNIFORM BUSINESS REPORT
THE ALACHUA PRESS, INC. 723936

ITEM 11 (CONTINUED): OFFICERS AND DIRECTORS

TITLE D
NAME DAVIS, KENNETH S.
ADDRESS 1901 S.MARION
CITY-ST-ZIP LAKE CITY, FL 32056-1809

TITLE D
NAME BREDAHL, CARL
ADDRESS 515 N.E. 9TH AVENUE
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D
NAME COLLINS, DAVID
ADDRESS 109 ANN STREET
CITY-ST-ZIP HAWTHORNE, FL 32640