

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90060 010 ****70.00

DOCUMENT # 734285

1. Entity Name

THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.

Principal Place of Business

Mailing Address

C/O JAMES M. NAUGHTON
801 THIRD STREET SOUTH
ST. PETERSBURG FL 33701
US

C/O JAMES M. NAUGHTON
801 THIRD STREET SOUTH
ST. PETERSBURG FL 33701
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

59-1630423

Applied For

Not Applicable

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

NAUGHTON, JAMES M.
801 THIRD ST. S.
ST. PETERSBURG FL 33701

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
NAME **MICHAEL, CARROLL R**
STREET ADDRESS **490 FIRST AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

S ☐ Delete
NAME **RAVLINS, THOMAS**
STREET ADDRESS **490 FIRST AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

☒ Change ☐ Addition
NAME **RAWLINS** (correct spelling)
STREET ADDRESS
CITY-ST-ZIP

PT ☐ Delete
NAME **NAUGHTON, JAMES M.**
STREET ADDRESS **801 THIRD ST SOUTH**
CITY-ST-ZIP **ST PETERSBURG FL**

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

CT ☐ Delete
NAME **BARNES, ANDREW E**
STREET ADDRESS **490 FIRST AVE S**
CITY-ST-ZIP **ST PETERSBURG FL**

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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: *James M. Naughton* **JAMES M. NAUGHTON** **James M. Naughton, 1/25/01** **727-821-9494**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President** Date Daytime Phone #

CR2E037 (10/00)