

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753981

1. Entity Name

FLORIDA NEWSPAPER IN EDUCATION COORDINATORS, INC

Principal Place of Business

SUN-SENTINEL
333 SW 12 AVENUE
DEERFIELD BEACH FL 33442
US

Mailing Address

SUN-SENTINEL
333 SW 12 AVENUE
DEERFIELD BEACH FL 33442
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

59-2040357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COMM, DEBORAH
333 SW 12 AVENUE
DEERFIELD BEACH FL 33442

7. Name and Address of New Registered Agent

Name MARY BETH MC CABE

Street Address (P.O. Box Number is Not Acceptable)
333 SW 12TH AVE

City DEERFIELD BEACH FL Zip Code 33442

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 NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIS, CRIS 1 GANNETT PLAZA MELBOURNE FL 32940	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GOVONI, NANCY 901 6TH ST DAYTONA BEACH FL 32117	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT COMM, DEBORAH 333 SW 12 AVENUE DEERFIELD BEACH FL 33442	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BADEN, LYNN 333 SW 12 AVENUE DEERFIELD BEACH FL 33442	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRAHAM, BETH P.O. BOX 24700 WEST PALM BEACH FL 33416	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MARY BETH MC CABE 333 SW 12TH AVE DEERFIELD BEACH FL 33442	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-VICE PRESIDENT CAROLINE CHARBONNET PO BOX 1949 JACKSONVILLE, FL 32231	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO-VICE PRESIDENT SARA HORNOR PO BOX 24700 WEST PALM BEACH, FL 33416	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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:

MARY BETH MC CABE

2/8/01 954-425-1168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90005 013 ****61.25

013938



DO NOT WRITE IN THIS SPACE