

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90100 039 ****61.25

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

**MCCABE, MARY BETH
333 SW 12 AVENUE
DEERFIELD BEACH FL 33442**

7. Name and Address of New Registered Agent

Name

Glen Nickerson
Street Address (P.O. Box Number is Not Acceptable)
23170 Harborview Road

C/O Charlotte Sun

City

Port Charlotte

FL

Zip Code

33980

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. I am familiar with, and accept the obligations of registered agent.

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
Florida 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	T MCCABE, MARY BETH 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	CVP CHARBONNET, CAROLINE PO BOX 1949 JACKSONVILLE FL 32231	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVP HORNER, SARA PO BOX 24700 WETS PALM BEACH FL 33416	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-President Lori Bendingfield P.O. Box 19490 Jacksonville, FL 32231	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Gail Taylor Co-President P.O. Box 191 Tampa, FL 33601	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Glen Nickerson 23170 Harborview Rd. Port Charlotte, FL 33980	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Vice President Mary Charlton 801 S. Tamiami Trl. Sarasota, FL 34236	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Co-Vice President Melissa Duke P.O. Box 1940 Panama City, FL 32402	☒ Change ☐ Addition

CR2E037 (10/02)

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:

SIC **RECEIVED** **Glen Nickerson**

2/14/03

941-206-1298