

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759401

1. Entity Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXEC

**FILED**  
**Feb 21, 2000 8:00 am**  
**Secretary of State**

02-21-2000 90020 031 \*\*\*\*70.00

Principal Place of Business	Mailing Address
8759 BAYPOINTE DRIVE C/O SANDY OSTEEN. EXEC DR. TAMPA FL 33615	8759 BAYPOINTE DRIVE C/O SANDY OSTEEN. EXEC DR. TAMPA FL 33615

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2178356	Applied For
		Not Applicable

5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OSTEEN, SANDRA 8759 BAYPOINTE DR. TAMPA FL 33615	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLER, CHERYL	NAME	
STREET ADDRESS	PO BOX 1121	STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL 33731	CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGELL, PAT	NAME	P Rogell, Pat
STREET ADDRESS	2751 S. DIXIE HWY	STREET ADDRESS	2751 S. Dixie Hwy
CITY-ST-ZIP	WEST PALM BEACH FL 33405	CITY-ST-ZIP	West Palm Beach, FL 33405
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIENEMANN, CLARK	NAME	
STREET ADDRESS	PO BOX 9009	STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34995-9009	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSTEEN, SANDY	NAME	
STREET ADDRESS	8759 BAYPOINTE DRIVE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, GREG	NAME	D Anderson, Greg
STREET ADDRESS	1939 S. FED HWY	STREET ADDRESS	1939 Fed. Hwy S.
CITY-ST-ZIP	STUART FL	CITY-ST-ZIP	Stuart, FL
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEIMAR, JAY	NAME	
STREET ADDRESS	1 RIVERS AVE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32231	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: SIGNATURE STORED 2-14-2000 813-882-4979  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)