

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90151 012 ****70.00

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DOCUMENT # 759401

1. Entity Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXEC

Principal Place of Business

8759 BAYPOINTE DRIVE
C/O SANDY OSTEEN, EXEC DR.
TAMPA FL 33615

Mailing Address

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

4. FEI Number

59-2178356

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

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

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 **VD** ☐ Delete
NAME **MOLER, CHERYL**
STREET ADDRESS **PO BOX 1121**
CITY-ST-ZIP **ST. PETERSBURG FL 33731**

TITLE **P** ☐ Delete
NAME **ROGELL, PAT**
STREET ADDRESS **2751 S. DIXIE HWY**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **VD** ☒ Delete
NAME **LIENEMANN, CLARK**
STREET ADDRESS **PO BOX 9009**
CITY-ST-ZIP **STUART FL 34995-9009**

TITLE **D** ☐ Delete
NAME **OSTEEN, SANDY**
STREET ADDRESS **8759 BAYPOINTE DRIVE**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☒ Delete
NAME **ANDERSON, GREG**
STREET ADDRESS **1939 S FED HWY**
CITY-ST-ZIP **STUART FL**

TITLE **VD** ☐ Delete
NAME **WEIMAR, JAY**
STREET ADDRESS **1 RIVERS AVE**
CITY-ST-ZIP **JACKSONVILLE FL 32231**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Change ☐ Addition
NAME **Moler, Cheryl**
STREET ADDRESS **801 S. Tamiami Trail**
CITY-ST-ZIP **Sarasota, FL 33578**

TITLE **D** ☒ Change ☐ Addition
NAME **Rogell, Pat**
STREET ADDRESS **2751 S. Dixie Hwy**
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **VD** ☐ Change ☒ Addition
NAME **Torres, Anibal**
STREET ADDRESS **633 N. Orange Ave.**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **S** ☐ Change ☒ Addition
NAME **Faulmann, Bruce**
STREET ADDRESS **202 S. Parker**
CITY-ST-ZIP **Tampa, FL 33602**

TITLE **T** ☐ Change ☒ Addition
NAME **Lary Arnett**
STREET ADDRESS **200 E. Las Olas Blvd.**
CITY-ST-ZIP **Ft. Lauderdale, FL 33301**

TITLE **P** ☒ Change ☐ Addition
NAME **Weimar, Jay**
STREET ADDRESS **1 Rivers Ave.**
CITY-ST-ZIP **Jacksonville, FL 32231**

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:

Sandy Osteen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-2001 813-882-4979

Date

Daytime Phone #

CR2E037 (10/00)