

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759401

1. Entity Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXECUTIVES, INC.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE P
NAME Moler, Cheryl
STREET ADDRESS P.O. Box 1719
CITY-ST-ZIP Sarasota, FL 33578 ☒ Change ☐ Addition

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

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

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

TITLE VD
NAME Faulmann, Bruce
STREET ADDRESS P.O. Box 191
CITY-ST-ZIP Tampa, FL 33601 ☐ Change ☒ Addition

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

TITLE SD
NAME Neville, Moya
STREET ADDRESS P.O. Box 1719
CITY-ST-ZIP Sarasota, FL 33578 ☐ Change ☒ Addition

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

TITLE TD
NAME Gammond, Karen
STREET ADDRESS P.O. Box 921
CITY-ST-ZIP Bradenton, FL 34206 ☐ Change ☒ Addition

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

TITLE
NAME Weimar, Jay D
STREET ADDRESS P.O. Box 1949
CITY-ST-ZIP Jacksonville, FL 32231 ☒ 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:

SANDY OSTEEN / Sandy Osteen

4/23/02 813-882-4979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)