

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

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90233 007 ****70.00

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1. Entity Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXECUTIVES, INC.



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. 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOLER, CHERYL P.O. BOX 1719 SARASOTA FL 33578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TORRES, ANIBAL 633 N. ORANGE AVE ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FAULMANN, BRUCE P.O. BOX 195 TAMPA FL 33601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, SANDY 8759 BAYPOINTE DRIVE TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD NEVILLE, MOYA P.O. BOX 1719 SARASOTA FL 33578 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEIMAR, JAY 1 RIVERS AVE JACKSONVILLE FL 32231 <input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Moler, Cheryl Christensen, Cheryl <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1719 Sarasota, FL 33578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Torres, Anibal <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 N. Orange Ave. Orlando, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Faulmann, Bruce <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 195 Tampa, FL 33601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Gammon, Karen <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 921 Brandon, FL 34206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Neville, Moya <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 1719 Sarasota, FL 33578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Schmidt, Steve <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P.O. Box 408 Lakeland, FL 33802

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:

Sandra S. Osteen **Sandra S. Osteen** 2/17/03 813-882-4979

CR2E037 (10/02)