2001 UNIFORM BUSINESS REPORT (UBR)

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # 765353 1. Entity Name 03-01-2001 90032 011 ****61.25 FLORIDA PRESS CLUB, INC. Principal Place of Business Mailing Address PALM BEACH POST 2751 S DIXIE 2751 SO DIXIE HWY WEST PALM BEACH FL 33405 W PALM BCH FL 33405 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KEEFER, CHARLES 2751 S. DIXIE HWY. WEST PALM BEACH FL 33405 City Zip Code FI 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 DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Department of State FEE IS \$61.25 Added to Fees ADDITIONS (CHANGES TO DECIDEDS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. President Delete TITLE ☐ Addition TITLE Fred Bellet NAME NAME BALLET, FRED 10791 Pine Island Drive, STREET ADDRESS STREET ADDRESS 1825 COLLIER PKWY **CR2E037** CITY-ST-ZIP CITY-ST-ZIP Spring Hill, fl 34607 **LUTZ FL 33549** Change ☐ Addition ☐ Delete Director TITLE TITLE NAME AZMITIN, ROBERT NAME Robert Azmitia STREET ADDRESS STREET ADDRESS 3391 SW 20TH CT 3391 SW 20th Ct. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33312 Fort Lauderdale, FL 333** ☐ Delete TITLE Change ☐ Addition TITLE KEEFER, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 2751 S DIXIE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33405 ☐ Addition ☐ Delete TITLE Change TITLE Director KIRCHER, RALF NAME NAME Sharon Quinn STREET ADDRESS STREET ADDRESS 1303 RORDON AVE P.O. Box 490 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Ocala, FL 34478 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

FILED