

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/3/

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90082 036 \*\*\*150.00

**DOCUMENT # 818937**

1. Entity Name

**ORLANDO SENTINEL COMMUNICATIONS COMPANY**

Principal Place of Business

Mailing Address

**633 N. ORANGE AVENUE  
 ORLANDO FLA 32801**

**435 N. MICHIGAN AVENUE  
 SUITE #600  
 CHICAGO IL 60611  
 US**

**48047**

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 **59-1103775**

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

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

Name **Corporation Service Company**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street,**  
 City **Tallahassee** FL Zip Code **32301**

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

*Corporation Service Company  
 by Margaret Pike, Asst Secretary*

**5/23/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEOP	<input checked="" type="checkbox"/> Delete
NAME	PUERNER, JOHN	
STREET ADDRESS	633 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HAILE JR, LLOYD JOHN	
STREET ADDRESS	633 N. ORANGE AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	KENNEY, CRANE H	
STREET ADDRESS	435 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VAT	<input type="checkbox"/> Delete
NAME	DARDEN, RICHARD E	
STREET ADDRESS	633 N ORANGE AVE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWDLE, JAMES	
STREET ADDRESS	435 N. MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEOPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Waltz, Kathleen M.	
STREET ADDRESS	633 N. Orange Ave.	
CITY-ST-ZIP	Orlando, FL 32802	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FitzSimons, Dennis J.	
STREET ADDRESS	435 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL 60611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fuller, Jack	
STREET ADDRESS	435 N. Michigan Ave.	
CITY-ST-ZIP	Chicago, IL 60611	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Crane H. Kenney*

**Crane H. Kenney 4-20-2001 312-222-3277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)