

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90071 042 ***158.75

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DOCUMENT # F74811

1. Entity Name
MID-FLORIDA PUBLICATIONS, INC.



Principal Place of Business
**13032 US HWY 301 S
DADE CITY FL 33525
US**

Mailing Address
**13032 US HWY 301 S
DADE CITY FL 33525
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2203467**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**TABOR, MICHAEL E
4645 NORTH HWY 19A
MT DORA FL 32757**

Name
G. Michael Mackenzie
Street Address (P.O. Box Number is Not Acceptable)
1027 Broadway,
Suite A
City
Dunedin FL Zip Code
34698

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 *G. Michael Mackenzie* **G. Michael Mackenzie**
(NOTE: Registered Agent signature required when reinstating)

DATE **4/9/2003**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VT** ☒ Delete
NAME **MATTHEW, WILLIAM L**
STREET ADDRESS **129 BUENA VISTA DR**
CITY-ST-ZIP **DUNEDIN, FL 00000**

TITLE **PRES-DIR.** ☐ Change ☒ Addition
NAME **LUTHER C. STINNETT**
STREET ADDRESS **72 WOODWOOD LN**
CITY-ST-ZIP **ARISTOL, VA 24201**

TITLE **SD** ☐ Delete
NAME **STORY, CLEMENT, III**
STREET ADDRESS **115 W. MAIN ST.**
CITY-ST-ZIP **LAFAYETTE FL**

TITLE **VICE PRES/DIR** ☒ Change ☐ Addition
NAME **CLEMENT STORY III**

TITLE **PD** ☒ Delete
NAME **TABOR, MICHAEL E**
STREET ADDRESS **4645 NORTH HWY 19A**
CITY-ST-ZIP **MT DORA FL**

TITLE **SEC/DIR.** ☐ Change ☒ Addition
NAME **G. Michael Mackenzie**
STREET ADDRESS **1027 Broadway, Suite A**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *LUTHER C. STINNETT* **LUTHER C. STINNETT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-19-03** Daytime Phone # **352-567-5734**

CR2E034 (10/02)