

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90196 048 ***150.00

835403

DO NOT WRITE IN THIS SPACE

DOCUMENT # F9400000 2835
 Entity Name
 Eastgate Publishing Inc

Principal Place of Business Mailing Address
 9015 SE Athena St Po Box 3332
 Hobe Sound FL 33455 Tequesta FL 33469

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 58-2040973 Applied For
 Not Applicable
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Wolfe Larry
 200A John Knox Rd
 Tallahassee FL 32303-6643

7. Name and Address of New Registered Agent
 Name Corporation Service Co.
 Street Address (P.O. Box Number is Not Acceptable)
 1201 Hays St
 City Tallahassee FL Zip Code 32301

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 Cynthia A. Donnelly Cynthia A. Donnelly AVP 4/6/00
 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, 2000 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

TITLE	PC	<input type="checkbox"/> Delete
NAME	Ritter Sri Robert	
STREET ADDRESS	9015 SE Athena St.	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE	VOT	<input type="checkbox"/> Delete
NAME	Ritter Elaine	
STREET ADDRESS	9015 SE Athena St	
CITY-ST-ZIP	Hobe Sound FL 33455	
TITLE	V	<input type="checkbox"/> Delete
NAME	Ritter Jr. Robert	
STREET ADDRESS	1716 Olive Ct	
CITY-ST-ZIP	Ashland OH 44805	
TITLE	S	<input type="checkbox"/> Delete
NAME	Winter Kelly	
STREET ADDRESS	596 Canaan Land Rd	
CITY-ST-ZIP	Harrodsburg Ky 40330	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	320 B Edgewood Dr	
CITY-ST-ZIP	Nicholasville Ky 40356	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	P.O. Box 226	
CITY-ST-ZIP	Wilmore Ky 40390	
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		

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: J. Elaine Ritter 4/10/00 561546-9296
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)