

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F94000006496**

1. Entity Name

EDITORIAL ENTERPRISES CORPORATION**FILED****Mar 14, 2001 8:00 am**
Secretary of State

03-14-2001 90216 021 ***150.00

Principal Place of Business

**P.O. BOX 1267
GAINESVILLE FL 32602**

Mailing Address

**P.O. BOX 1267
GAINESVILLE FL 32602**

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 **59-2250744**

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

**FREELAND, MARION E
1212 N.W. 12TH AVE.
GAINESVILLE FL 32601**

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.

SIGNATURE

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	PD	<input type="checkbox"/> Delete
NAME	SHANKLIN, DOUGLAS R	
STREET ADDRESS	1238 N.W. 18TH TER.	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	V	<input type="checkbox"/> Delete
NAME	SHANKLIN, ELIZABETH	
STREET ADDRESS	1308 ALVARADO AVE	
CITY-ST-ZIP	BURLINGAME CA 94010	

TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Elizabeth Shanklin	
STREET ADDRESS	1815 N. Howe St., Unit D	
CITY-ST-ZIP	Chicago, Illinois 60614	

TITLE	S	<input type="checkbox"/> Delete
NAME	SHANKLIN, LEIGH D	
STREET ADDRESS	1313 N. RITCHIE COURT #1608	
CITY-ST-ZIP	CHICAGO IL 60610	

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leigh D. Shanklin	
STREET ADDRESS	5807 S. Drexel Avenue	
CITY-ST-ZIP	Chicago, Illinois 60615	

TITLE	TD	<input type="checkbox"/> Delete
NAME	SHANKLIN, DOUGLAS R	
STREET ADDRESS	1238 N.W. 18TH TER.	
CITY-ST-ZIP	GAINESVILLE FL 32605	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	TRUEX, ELEANOR	
STREET ADDRESS	1644 IDLEWILD LN.	
CITY-ST-ZIP	HOMewood IL 60430	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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:

Douglas R. Shanklin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas R. Shanklin

352/375-08211

Date

Daytime Phone #

CR2E034 (10/00)