

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90038 043 ***150.00

DOCUMENT # F94000006496

1. Entity Name
EDITORIAL ENTERPRISES CORPORATION

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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

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, 2002 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	PD	<input type="checkbox"/> Delete
NAME	SHANKLIN, DOUGLAS R	
STREET ADDRESS	1238 N.W. 18TH TER.	
CITY-ST-ZIP	GAINESVILLE FL 32605	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SHANKLIN, ELIZABETH	
STREET ADDRESS	1308 ALVARADO AVE	
CITY-ST-ZIP	BURLINGAME CA 94010	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHANKLIN, LEIGH D	
STREET ADDRESS	5807 S DREXEL AVENUE	
CITY-ST-ZIP	CHICAGO IL 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	D	<input type="checkbox"/> Delete
NAME	TRUEX, ELEANOR	
STREET ADDRESS	1644 IDLEWILD LN.	
CITY-ST-ZIP	HOMEWOOD IL 60430	
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	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Shanklin, Elizabeth	Second notice
STREET ADDRESS	1815 N. Howe Street, Unit D	
CITY-ST-ZIP	Chicago, Illinois 60614	
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 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 employees.

SIGNATURE:

Douglas R. Shanklin
Douglas R. Shanklin

352/375-0821

Date

Daytime Phone #

CR2E034 (9/01)