

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003827

1. Entity Name

KR NET VENTURES, INC.

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90027 039 ***158.75

Principal Place of Business

% KNIGHT-RIDDER, INC.
ONE HERALD PLAZA
MIAMI FL 33132

Mailing Address

KNIGHT RIDDER TAX
50 W SAN FERNANDO ST. STE 1500
SAN JOSE CA 95113-2434
US

2. Principal Place of Business

Knight Ridder Tax
50 W. San Fernando St
San Jose, CA

3. Mailing Address

50 W. San Fernando St
San Jose, CA

City & State

San Jose, CA

City & State

San Jose, CA

Zip

95113

Country

US

Zip

95113

Country

US

4. FEI Number

65-0644743

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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, 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	D	<input type="checkbox"/> Delete
NAME	RIDDER, P. ANTHONY	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHAPMAN, ALVAH H JR.	
STREET ADDRESS	% KNIGHT-RIDDER, INC., ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNERS, MARY J	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCOMAS, FRANK	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	PD	<input type="checkbox"/> Delete
NAME	JONES, ROSS	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HACSWIRTH, LYNDIA	
STREET ADDRESS	50 W SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	

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 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	Hauswirth, Lynda
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:

Lynda Hauswirth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 14 2000 108-938-7745