

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000005101

1. Entity Name

SCRIPPS ENTERPRISES, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90019 044 ***150.00

Principal Place of Business

Mailing Address

EAGLE HILL FARM, HCR 1, BOX 38
CHARLOTTESVILLE VA 22901

PO BOX 4588
CHARLOTTESVILLE VA 22905-4588
US

2. Principal Place of Business

1405 Eagle Hill Farm

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Charlottesville, VA

City & State

4. FEI Number

54-1808620

Applied For

Not Applicable

Zip

Country

22901

United States

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORGAN, JACK C 2436 FOOTHILL BLVD., SUITE H CALISTOGA CA 94515	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ROBBINS, GREGORY EAGLE HILL FARM, HCR 1, BOX 38 CHARLOTTESVILLE VA 22901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACS AHALT, FREDERICK W EAGLE HILL FARM, HCR 1, BOX 38 CHARLOTTESVILLE VA 22901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT HARVEY, BETTY S EAGLE HILL FARM, HCR 1, BOX 38 CHARLOTTESVILLE VA 22901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Robbins, Gregory 1405 Eagle Hill Farm Charlottesville, VA 22901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Ahalt, Frederick W. 1405 Eagle Hill Farm Charlottesville, VA 22901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT Harvey, Betty S. 1405 Eagle Hill Farm Charlottesville, VA 22901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Gregory A. Robbins

Gregory A. Robbins

1/12/00

Date

(804) 973-3345

Daytime Phone #

CR2E034 (9/99)