

\$150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 APR 30 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000007106
1. Entity Name **CAPE PUBLICATIONS, INC.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
ONE GANNETT PLAZA

3. Mailing Address
7950 JONES BRANCH DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MELBOURNE, FL

City & State
MCLEAN, VA

4. FEI Number
610265020

Applied For
Not Applicable

Zip Country
22107 USA

Zip Country
22107 USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

City **PLANTATION** **FL** Zip Code **33324**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
DOUGLAS H. MCCORKINDALE
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
GARY L. WATSON
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
MICHAEL J. COLEMAN
ONE GANNETT PLAZA
MELBOURNE, FL 32940**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
THOMAS L. CHAPPLE
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
GARCIA C. MARTORE
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASSISTANT TREASURER
CHRISTOPHER W. BALDWIN
7950 JONES BRANCH DRIVE
MCLEAN, VA 22107**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**100005504641--0
-05/13/02--01006--013
***\$591.25 ***\$150.00**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Christopher W. Baldwin* **CHRISTOPHER W. BALDWIN, ASSISTANT TREASURER 4/22/02 (703) 854-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)