

2001 UNIFORM BUSINESS REPORT (UBR)

0614646

DOCUMENT # F99000003404

1. Entity Name

GANSAT NEW JERSEY PUBLISHING CO., INC.

FILED

01 MAY -7 PM 12: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
ONE GANNETT PLAZA
MELBOURNE FL 32940

Mailing Address
ONE GANNETT PLAZA
MELBOURNE FL 32940

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 54-1947984

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

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!
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	P	<input type="checkbox"/> Delete
NAME	COLEMAN, MICHAEL J	
STREET ADDRESS	ONE GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	C	<input type="checkbox"/> Delete
NAME	KLINK, BRUCE	
STREET ADDRESS	ONE GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL 32940	
TITLE	S	<input type="checkbox"/> Delete
NAME	CHAPPLE, THOMAS L	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	T	<input type="checkbox"/> Delete
NAME	MARTORE, GRACIA C	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	AT	<input type="checkbox"/> Delete
NAME	BALDWIN, CHRISTOPHER W	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURLEY, JOHN J	
STREET ADDRESS	1100 WILSON BOULEVARD	
CITY-ST-ZIP	ARLINGTON VA 22234	

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	000004272780--0
CITY-ST-ZIP	-05/21/01--01040--001
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	***\$500.00 ***\$150.00
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	SP
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 no 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C & DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)