

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90520 018 ***150.00

DOCUMENT # F99000005875

1. Entity Name
PUBLISHERS ASSOCIATION OF THE SOUTH, INCORPORATE
D



Principal Place of Business
4412 FLETCHER ST
PANAMA CITY FL 32405-1017

Mailing Address
4412 FLETCHER ST
PANAMA CITY FL 32405-1017

90011584



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 **62-1276338**

☒ Applied For
☐ Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

Renew

6. Name and Address of Current Registered Agent

SABISTON, PATRICIA G
4412 FLETCHER ST
PANAMA CITY FL 32405-1017

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **LA ROSA, SUZANNE**
STREET ADDRESS **105 S COURT S**
CITY-ST-ZIP **MONTGOMERY AL 36104**

TITLE **V** ☐ Delete
NAME **BILLINGSLEY, JOSEPH**
STREET ADDRESS **P O BOX 3110**
CITY-ST-ZIP **GRETNA LA 70054**

TITLE **S** ☒ Delete
NAME **RICHARDSON, ROBYN**
STREET ADDRESS **2974 HARDMAN COURT**
CITY-ST-ZIP **ATLANTA GA 30305**

TITLE **T** ☒ Delete
NAME **KNEEBONE, JOHN**
STREET ADDRESS **PUB DIV - 800 E BROAD ST**
CITY-ST-ZIP **RICHMOND VA 23219-8000**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Billingsley, Joseph**
STREET ADDRESS **P O Box 3110**
CITY-ST-ZIP **Gretna, LA 70054**

TITLE **V** ☒ Change ☐ Addition
NAME **Beth Wright**
STREET ADDRESS **P.O. Box 11261**
CITY-ST-ZIP **Johnson City, TN 37605**

TITLE **S** ☒ Change ☐ Addition
NAME **ART Brown**
STREET ADDRESS **P.O. Box 17446 (13101 56TH CT, Suite 813)**
CITY-ST-ZIP **Clearwater, FL 33760**

TITLE **T** ☒ Change ☐ Addition
NAME **Janice Shay**
STREET ADDRESS **P.O. Box 3146**
CITY-ST-ZIP **Savannah, GA 31402-3146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Patricia G Sabiston
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/03 (850) 914-0766
Date Daytime Phone #

CR2E034 (10/02)