

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G48761

1. Entity Name

CRAVEN COUNTY PUBLICATIONS, INC.

Principal Place of Business

1423 GLENBURNIE RD.
P O BOX 12367
NEW BERN NC 28561

Mailing Address

1423 GLENBURNIE RD.
P O BOX 12367
NEW BERN NC 28561

2. Principal Place of Business

1423 S. Glenburnie Rd. PO Box 12367

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Bern, NC

City & State

New Bern, NC

Zip
28562

Country

Zip

28561

Country

4. FEI Number 56-1374960

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUZADDER, DICK
% BEST WAY TRAVEL
300 N BERMUDA AVE
KISSIMMEE FL 34741

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, 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

TITLE PD
NAME DAVIS, RICHARD B
STREET ADDRESS 4604 W. FAIRWAY DR.
CITY-ST-ZIP NEW BERN, NC 00000 ☐ Delete

TITLE STD
NAME DAVIS, DEBORAH
STREET ADDRESS 4604 W. FAIRWAY DR.
CITY-ST-ZIP NEW BERN, NC 00000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 28562

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP 28562

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

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

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

TITLE
NAME ☐ Change ☐ Addition
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 689, 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: Richard B. Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90247 010 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)