

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90073 015 ***150.00

DOCUMENT # H24455

1. Entity Name

LAKE CITY NEWS-ADVERTISER, INC.



Principal Place of Business

508 NORTH FIRST STREET
LAKE CITY FL 32055

Mailing Address

508 NORTH FIRST STREET
LAKE CITY FL 32055

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

358 N.W. Main Blvd

LAKE CITY FL

32055

Columbia



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2449811

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

BASS, TERRY
RT 9 BOX 2058
LAKE CITY FL 32024

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VP ☐ Delete
NAME BASS, TERRY D
STREET ADDRESS RT. 14, BOX 58
CITY-ST-ZIP LAKE CITY FL

TITLE ☐ Change ☐ Addition
NAME BASS, Terri D
STREET ADDRESS Rt 9 Box 2058
CITY-ST-ZIP

TITLE P ☐ Delete
NAME DOCKERY, CECILE J.
STREET ADDRESS RT. 9, BOX 2276
CITY-ST-ZIP LAKE CITY FL

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

TITLE S ☐ Delete
NAME DOCKERY, SCOTT L
STREET ADDRESS 1560 CHARON ROAD
CITY-ST-ZIP JACKSONVILLE FL

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

TITLE T ☐ Delete
NAME SHWAR, AMY
STREET ADDRESS 508 N 1ST STREET
CITY-ST-ZIP LAKE CITY FL 32024

TITLE ☐ Change ☐ Addition
NAME Shiver, Amy
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: Jovan D Bass RETERMED Bass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03

Date

386-752-8280

Daytime Phone #

CR2E034 (10/02)