

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90019 012 ***150.00

DOCUMENT # J06476

1. Entity Name
KRIEGER PUBLISHING COMPANY

Principal Place of Business
 % CLIFTON A. MCCLELLAND, JR.
 700 S. BABCOCK ST.
 MELBOURNE FL 32901-1472

Mailing Address
 % CLIFTON A. MCCLELLAND, JR.
 700 S. BABCOCK ST.
 MELBOURNE FL 32901-1472



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 c/o CLIFTON A. MCCLELLAND, JR.

3. Mailing Address
 c/o CLIFTON A. MCCLELLAND, JR.

Suite, Apt. #, etc.
 1499 S HARBOR CITY BLVD #201

Suite, Apt. #, etc.
 1499 S HARBOR CITY BLVD #201

City & State
 MELBOURNE, FL

City & State
 MELBOURNE, FL

4. FEI Number **62-1439208**

Applied For
 Not Applicable

Zip
 32901-3245

Country
 USA

Zip
 32901-3245

Country
 USA

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

6. Name and Address of Current Registered Agent

MCCLELLAND, CLIFTON A., JR.
 700 S. BABCOCK ST.
 MELBOURNE FL 32902

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 1499 S HARBOR CITY BLVD #201
 City MELBOURNE FL Zip Code 32901-3245

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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	CT	<input type="checkbox"/> Delete
NAME	KRIEGER, ROBERT E.	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	DONALD KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MAXINE D. KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROBERT E. KRIEGER, JR.	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS KRIEGER	
STREET ADDRESS	1725 KRIEGER DR	
CITY-ST-ZIP	MALABAR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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 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 REQUIRED *[Signature]* **CEO** 3/10/00 (321) 724-9542
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)