

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013434

1. Entity Name  
O'TOWN PUBLISHING LLC

Principal Place of Business  
1343 ALBERTA DR  
WINTER PARK FL 32789

Mailing Address  
1343 ALBERTA DR  
WINTER PARK FL 32789

2. Principal Place of Business  
813 ORIENTA AVE.  
Suite, Apt. #, etc.

3. Mailing Address  
813 ORIENTA AVE.  
Suite, Apt. #, etc.

City & State  
ALTA MONTE SPRINGS, FL  
Zip Country  
32701 USA

City & State  
ALTA MONTE SPRINGS, FL  
Zip Country  
32701 USA

4. FEI Number  
59-3681481  
Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARNOLD MATHENY & EAGAN PA  
801 N MAGNOLIA AVE  
SUITE 201  
ORLANDO FL 32802

## 7. Name and Address of New Registered Agent

Name  
TONYA D. SKINNER  
Street Address (P.O. Box Number is Not Acceptable)  
1343 ALBERTA DRIVE  
City WINTER PARK FL Zip Code 32789

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 *Tonya D. Skinner* x 4/5/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

100004036301--1  
-04/20/01--01097--029  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TONYA D. SKINNER 1343 ALBERTA DRIVE WINTER PARK, FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR WILLIAM D. SCALA 1333 BOLFSIDE DRIVE WINTER PARK, FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X *Tonya D. Skinner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/5/01 (4/5) 831-1783  
Date Daytime Phone #

FILED

01 APR 11 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

000516 AF

CR2E083 (11/00)