

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY 15 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007326

1. Entity Name
MONARCH PUBLISHING, LLC

Principal Place of Business
1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

Mailing Address
P.O. DRAWER 10799
DAYTONA BEACH FL 32120-0799



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
50 S. Yonge St., Suite 6
Suite, Apt. #, etc.

3. Mailing Address
50 S. Yonge St., Suite 6
Suite, Apt. #, etc.

City & State
Ormond Beach, FL
Zip 32174 Country USA

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Ormond Beach, FL
Zip 32174 Country USA

4. FEI Number
59-7171427
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RIDEN, MARK F
1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name
MARK F. RIDEN
Street Address (P.O. Box Number is Not Acceptable)
50 S. Yonge St., Suite 6
City Ormond Beach FL Zip Code 32174

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 *Mark F. Riden*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/25/00

DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE
NAME MGRM
STREET ADDRESS RIDEN, MARK F
CITY-ST-ZIP 1030 W. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32114 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME MGRM ☒ Change ☐ Addition
STREET ADDRESS Mark F. Riden
CITY-ST-ZIP 50 S. Yonge St., Suite 6
Ormond Beach, FL 32174

TITLE
NAME MGR ☐ Change ☒ Addition
STREET ADDRESS Jan M. Elton
CITY-ST-ZIP 50 S. Yonge St., Suite 6
Ormond Beach, FL 32174

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
200003279572-4
-06/07/00--01022--018
*****50.00 *****50.00

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

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

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

Jan M. Elton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER JAN M. ELTON

4/25/00

Date

994-671-9664

Daytime Phone #

CR2E083 (9/99)