

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90048 010 ****61.25

DOCUMENT # *N14472*

1. Entity Name

Florida Newspaper Co-op Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Jim Nasella/Times Union

3. Mailing Address

1 Riverside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville FL

FL

Zip

Country

Zip

Country

32202

USA

4. FEI Number

592790909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Reese, Carol*

Street Address (P.O. Box Number is Not Acceptable)

3030 Hatton St.

City *Sarasota*

FL

Zip Code *34237*

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

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*PD
Jim Nasella/Times Union
1 Riverside Dr.
Jacksonville, FL 32202*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*VPD
Karen Berry/Tampa Tribune
202 South Parker St.
Tampa, FL 33606*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*SD
Erika Cooper/Orlando Sentinel
633 N. Orange Ave
Orlando, FL 32801*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*ESTD
Carol Reese
3030 Hatton St.
Sarasota, FL 34237*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carol Reese *4/26/02* *941-953-9598*

Date

Daytime Phone #

CR2E037B (12/01)