**FILED**
**Apr 30, 2003 8:00 am**
**Secretary of State**
04-30-2003 90136 018 ****61.25

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # N14472**

1. Entity Name
**FLORIDA NEWSPAPER CO-OP ASSOCIATION, INC.**

11029783

| Principal Place of Business | Mailing Address |
|---|---|
| JACQUIE WILLIAMS/NEWS PRESS<br>2442 MARTIN LUTHER KING JR. BLVD.<br>FORT MYERS, FL 33901 US | 1 RIVERSIDE DR<br>FORT MYERS, FL 33901 US |

☒ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Jacksonville Times Union | 1 Riverside Drive |
| Suite, Apt. #, etc.<br>1 Riverside Drive | Suite, Apt. #, etc.<br>Jim Nasella, Adv. Dept |
| City & State<br>Jacksonville, FL | City & State<br>Jacksonville, FL |
| Zip 32202 Country USA | Zip 32202 Country USA |

4. FEI Number **59-2780809** ☐ 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 |
|---|---|
| REESE, CAROL<br>3030 HATTON ST<br>SARASOTA, FL 34237 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 Carol Reese carol Reese 4/26/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>NASELLA, JIM<br>1 RIVERSIDE DR<br>JACKSONVILLE, FL 32202 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>BERRY, KAREN<br>202 SOUTH PARKER ST<br>TAMPA, FL 33606 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COOPER, ERIKA<br>633 N. ORANGE AVE<br>ORLANDO, FL 32801 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ESTO<br>REESE, CAROL<br>3030 HATTON ST<br>SARASOTA, FL 34237 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPD<br>KITTREDGE, LYNNE<br>202 PARKER ST.<br>TAMPA, FL 33606 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>Rogers, John<br>1 Riverside Drive<br>Jacksonville, FL 32202<br>☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Carol Reese 4/26/03 941-953-9598
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Phone #