

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N22486

1. Entity Name

SYSTEM/55 USERS GROUP, INC.

Principal Place of Business

TAMPA TRIBUNE
202 S. PARKER ST
TAMPA FL 33606
US

Mailing Address

1604 COBBLER DR
LUTZ FL 33549-3313
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2844102

Applied For

Not Applicable

Zip

Country

Zip

Country

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

POLLARD, KIM
1604 COBBLER DR
LUTZ FL 33549

Name

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BRASWELL, JAMIE	
STREET ADDRESS	750 RIDDER PARK DR	
CITY-ST-ZIP	SAN JOSE CA	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BRASWELL, JAMES	
STREET ADDRESS	1 HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL 33132	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KIM POLLARD	
STREET ADDRESS	TAMPA TRIBUNE P. O. BOX 191	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	COHEE, DIANE L	
STREET ADDRESS	WASHINGTON POST, 1150 15TH N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	FAULKNER, FRED	
STREET ADDRESS	LAW BULLETIN 415 N STATE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BYERS, JESSE	
STREET ADDRESS	TUKAWORLD	
CITY-ST-ZIP	TULSA OK	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM HAYLE	
STREET ADDRESS	Albany Times Union, News Plaza Box 15000	
CITY-ST-ZIP	Albany, NY 12212	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DULLIE SHOENER	
STREET ADDRESS	Milw Journal Sentinel, Box 661	
CITY-ST-ZIP	Milwaukee, WI, 53201-0661	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90067 017 ****61.25



DO NOT WRITE IN THIS SPACE

2-29-00 312-644-7807-K61