

2001 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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2844102

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POLLARD, KIM
1604 COBBLER DR
LUTZ FL 33549

7. Name and Address of New Registered Agent

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

TITLE D
NAME HAYLE, WILLIAM
STREET ADDRESS ALBANY TIMES UNION-BOX 15000
CITY-ST-ZIP ALBANY NY 12212 ☐ Delete

TITLE SD
NAME SHOENEL, DULCIE
STREET ADDRESS MILW JOURNAL SENTINEL, BOX 661
CITY-ST-ZIP MILWAUKEE-WI 53201-0661 ☒ Delete

TITLE TD
NAME COHEE, DIANE L
STREET ADDRESS WASHINGTON POST, 1150 15TH N.W.
CITY-ST-ZIP WASHINGTON DC ☐ Delete

TITLE VPD
NAME FAULKNER, FRED
STREET ADDRESS LAW BULLETIN 415 N STATE ST
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE P
NAME BYERS, JESSE
STREET ADDRESS TUKAWORLD
CITY-ST-ZIP TULSA OK ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE SID
NAME BRUCE SCOTT
STREET ADDRESS THE BUFFALO NEWS, ONE NEWS PLAZA
CITY-ST-ZIP BUFFALO, NY 14240 ☐ Change ☒ Addition

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

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

TITLE P/D
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D
NAME JANET WOODS
STREET ADDRESS ST. PETERSBURG TIMES, 490 FIRST AVENUE S
CITY-ST-ZIP ST. PETERSBURG, FL 33701 ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-01

312-644-7007

Date

Daytime Phone #

CR2E037 (10/00)

0066983

FILED
Apr 06, 2001 8:00 am
Secretary of State

04-06-2001 90066 023 ****61.25

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DO NOT WRITE IN THIS SPACE