

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N22486

FILED
Sep 03, 2002
Secretary of State

Entity Name: SYSTEM/55 USERS GROUP, INC.

Current Principal Place of Business:

TAMPA TRIBUNE
202 S. PARKER ST
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

1604 COBBLER DR
LUTZ, FL 33549 US

New Mailing Address:

FEI Number: 59-2844102

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLARD, KIM
1604 COBBLER DR
LUTZ, FL 33549

Name and Address of New Registered Agent:

POLLARD, KIM
1604 COBBLER DR
LUTZ, FL 33559

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:

09/03/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: HAYLE, WILLIAM
Address: ALBANY TIMES UNION-BOX 15000
City-St-Zip: ALBANY, NY 12212

Title: SD () Delete
Name: SCOTT, BRUCE
Address: THE BUFFALO NEWS, 1 NEWS PLAZA
City-St-Zip: BUFFALO, NY 14240

Title: TD () Delete
Name: COHEE, DIANE L
Address: WASHINGTON POST, 1150 15TH N.W.
City-St-Zip: WASHINGTON, DC

Title: D () Delete
Name: FAULKNER, FRED
Address: LAW BULLETIN 415 N STATE ST
City-St-Zip: CHICAGO, IL

Title: PD () Delete
Name: BYERS, JESSE
Address: TUKAWORLD
City-St-Zip: TULSA, OK

Title: D () Delete
Name: WOODS, JANET
Address: ST PETERSBURG TIMES, 490 1ST AVE S
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BYERS, JESSE
Address: TULSAWORLD
City-St-Zip: TULSA, OK

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANE COHEE

TD

09/03/2002

Electronic Signature of Signing Officer or Director

Date