

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

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90109 036 ****61.25

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

33559

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

7. Name and Address of New Registered Agent

**POLLARD, KIM
1604 COBBLER DR
LUTZ FL 33559**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **SD** ☐ Delete
NAME **SCOTT, BRUCE**
STREET ADDRESS **THE BUFFALO NEWS, 1 NEWS PLAZA**
CITY-ST-ZIP **BUFFALO NY-14240**

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

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

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

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

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

TITLE **PD** ☐ Delete
NAME **BYERS, JESSE**
STREET ADDRESS **TULSAWORLD**
CITY-ST-ZIP **TULSA OK**

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

TITLE **D** ☐ Delete
NAME **WOODS, JANET**
STREET ADDRESS **ST PETERSBURG TIMES, 490 1ST AVE S**
CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

TITLE ☐ Change ☐ 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: *Diane L Cohee* **FDiane L Cohee**

3/20/03 202-334-5552

CR2E037 (10/02)