

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N92000000184

1. Entity Name

CHILDREN'S NEWSPAPER, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90062 010 ****61.25

Principal Place of Business

Mailing Address

349 GRANADA ROAD
W. PALM BEACH FL 33401

PO BOX 7523
WEST PALM BEACH FL 33405-7523

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0372496

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

PRUITT, ALISON
349 GRANADA ROAD
WEST PALM BEACH FL 33401

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	ED	<input type="checkbox"/> Delete
NAME	PRUITT, ALLISON	
STREET ADDRESS	349 GRANADA ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	PT	<input type="checkbox"/> Delete
NAME	TUFTS, THOMAS MARTIN	
STREET ADDRESS	1400 PALM CIRCLE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TT	<input type="checkbox"/> Delete
NAME	STUMP, MITCHELL	
STREET ADDRESS	1555 PALM BEACH LAKES BLVD, #1400	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SIMON, BREN	
STREET ADDRESS	1100 S. OCEAN BLVD	
CITY-ST-ZIP	MARALAPAN FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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
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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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

802-4310

Daytime Phone #

CR2E037 (9/99)