

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000000781

1. Entity Name

THE COUNTY JOURNAL CORPORATION

Principal Place of Business

9307 SE OLYMPUS ST.
HOBE SOUND FL 33455

Mailing Address

9307 SE OLYMPUS ST.
HOBE SOUND FL 33455

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

65-0905433

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUER, BERNHARD M
37 N. BEACH RD.
HOBE SOUND FL 33455

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 PD
NAME AUER, BERNHARD M
STREET ADDRESS P.O. BOX 1376 N/A
CITY-ST-ZIP HOBE SOUND FL 33475 ☐ Delete

TITLE VD
NAME LINN, FREDERICK M
STREET ADDRESS 9940 SE POINT TERR.
CITY-ST-ZIP TEQUESTA FL 33469 ☐ Delete

TITLE VD
NAME SMITH, BERRY C
STREET ADDRESS 3733 STARBOARD LN.
CITY-ST-ZIP STUART FL 34997 ☐ Delete

TITLE SD
NAME SPURGEON, KATHY
STREET ADDRESS 9307 SE OLYMPUS ST.
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE TS
NAME CARR, SUZAN
STREET ADDRESS 9268 SE GETTYSBURG CT.
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90059 022 *****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)