

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 06, 2001 8:00 am**  
**Secretary of State**

06-06-2001 90004 015 \*\*\*158.75

**DOCUMENT # P00000098782**

1. Entity Name

**HENDERSON NEWSPAPER GROUP, INC.**

Principal Place of Business

**228 E DUVAL ST.  
 LAKE CITY FL 32055**

Mailing Address

**228 E DUVAL ST.  
 LAKE CITY FL 32055**

2. Principal Place of Business

**115 South OHIO AVE**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 1150**

Suite, Apt. #, etc.

City & State

**LIVE OAK FL**

City & State

**LIVE OAK FL**

Zip

Country

**32060**

Zip

Country

**32064**

4. FEI Number

**59-368-1610**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**GAFFORD, FRANK M  
 228 E DUVAL ST.  
 LAKE CITY FL 32055**

7. Name and Address of New Registered Agent

Name

**W. RANDY HENDERSON**

Street Address (P.O. Box Number is Not Acceptable)

**16715 100th PLACE**

City

**LIVE OAK**

FL

Zip Code

**32060**

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

*W. Randy Henderson*

**W. RANDY HENDERSON**

**President**

Signature, typed or printed name of registered agent and title if applicable

(NOT) Registered Agent signature required when reinstating

DATE

**5/31/01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

☐

**FILE NOW!**

**After MAY 1, 2001**

**Make Check Payable to Department of State**

**FEE IS \$150.00**

**Fee will be \$550.00**

**to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete  
 NAME **W. RANDY HENDERSON**  
 STREET ADDRESS **16715 100 PL**  
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE **SECRETARY** ☐ Delete  
 NAME **W. RANDY HENDERSON**  
 STREET ADDRESS **16715 100 PL**  
 CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

13. I hereby certify that the information supplied with this filing does not qualify for 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*W. Randy Henderson*  
**W. RANDY HENDERSON**  
 DIRECTOR

**5/31/01 (386) 362-0999**

Date

Daytime Phone #

CR2E034 (10/00)