

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90082 031 \*\*\*150.00

**DOCUMENT # P00129**

1. Entity Name  
**SCHOLASTIC BOOK FAIRS, INC.**

Principal Place of Business      Mailing Address

1080 GREENWOOD BLVD      1080 GREENWOOD BLVD  
 LAKE MARY FL 32746      LAKE MARY FL 32746-5404  
 US      US

2. Principal Place of Business      3. Mailing Address

    Suite, Apt. #, etc.      Suite, Apt. #, etc.

    City & State      City & State

    Zip      Country      Zip      Country

**Lake Mary, FL**      **PO Box 958411**  
**32795-8411**      **USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For

**06-1089443**      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

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYES ST**  
**STE 105**  
**TALLAHASSEE FL 32301**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCUS, BARBARA</b> <b>555 BROADWAY 10TH FLOOR</b> <b>NEW YORK NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>DEULL, CHARLIE</b> <b>555 BROADWAY</b> <b>NEW YORK NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>MARZANO VINNIE</b> <b>1290 WALL ST WEST</b> <b>LYNDHURST NJ</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SPAULDING, RICHARD M.</b> <b>555 BROADWAY</b> <b>NEW YORK NY</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MCENERY, KEVIN</b> <b>1290 WALL ST W</b> <b>LYNDHURST NJ</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>PHILLIPS, NICK</b> <b>1080 GREENWOOD BLVD.</b> <b>LAKE MARY FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 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: *Nick Phillips*      **REQUIRED**      Date: 4/18/00      Daytime Phone # \_\_\_\_\_

CP2E034 (9/99)