

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90141 002 \*\*\*150.00

RECEIVED AT

**DOCUMENT # P21754**

1. Entity Name  
**REPUBLIC NEWSPAPERS, INCORPORATED**



Principal Place of Business  
**11863 KINGSTON PIKE  
KNOXVILLE TN 37922**

Mailing Address  
**11863 KINGSTON PIKE  
KNOXVILLE TN 37922**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **62-1359640**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**WOOD, LINDA  
38333 5TH AVE  
ZEPHYRHILLS FL 33541**

## 7. Name and Address of New Registered Agent

Name **Ping, Daniel L.**  
Street Address (P.O. Box Number is Not Acceptable)  
**300 N. French Ave.**  
City **Sanford** **FL** Zip Code **32771**

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.* **4-2-03**  
**Publisher** DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HORNE, DOUGLAS A.</b> <b>11863 KINGSTON PIKE</b> <b>KNOXVILLE TN</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DREWRY, NICHOLAS</b> <b>11863 KINGSTON PIKE</b> <b>KNOXVILLE TN 37922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COX, TONY</b> <b>11863 KINGSTON PIKE</b> <b>KNOXVILLE TN 37922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>REID, CAROLYN</b> <b>11863 KINGSTON PIKE</b> <b>KNOXVILLE TN 37922</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. Vice President</b> <b>Thomas C. Wheeler</b> <b>11863 Kingston Pike</b> <b>Knoxville, TN 37922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>Grey, Christina C.</b> <b>11863 Kingston Pike</b> <b>Knoxville, TN 37922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Johnson, Kimberly V.</b> <b>11863 Kingston Pike</b> <b>Knoxville, TN 37922</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: *Signature* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/4/03** **(865) 675-6397**

Date Daytime Phone #

CR2E034 (10/02)