

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90032 009 ***158.75

DOCUMENT # P93000020010

1. Entity Name

OKALOOSA PUBLISHING COMPANY, INC.

Principal Place of Business

Mailing Address

**301 N MAIN STREET
CRESTVIEW FL 32536**

**P.O. BOX 2099
LAKE CITY FL 32056-2099
US**

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 **59-3183009**

Applied For
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

**YOUNG, MANTHA A
~~ROUTE 4 BOX 140-B~~
JASPER FL 32052**

Name

Same

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

122 10th St. S.W.

City

Same

FL

Zip Code **Same**

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	KNUDSEN, JIM	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	RICKETSON, J THOMAS	
STREET ADDRESS	301 NORTH MAIN STREET	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	YOUNG, MANTHA	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RICKETSON, LYNNETTE	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, JIM	
STREET ADDRESS	301 N MAIN ST	
CITY-ST-ZIP	CRESTVIEW FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Mantha A. Young
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-755-2917