

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042322

1. Entity Name

KNIGHT RIDDER LEASING COMPANY

Principal Place of Business

1 HERALD PLAZA
MIAMI FL 33132

Mailing Address

KNIGHT RIDDER TAX
50 W. SAN FERNANDO ST
SAN JOSE CA 95113-2429

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

65-0585004

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

C T CORPORATION
1200 S. PINE ISLAND RD
FORT LAUDERDALE FL 33324

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

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 PD
NAME JONES, ROSS
STREET ADDRESS 50 W. FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

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

TITLE VPT
NAME SILVERGLAT, ALAN
STREET ADDRESS 50 W. FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

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

TITLE VPT
NAME EFFREN, GARY
STREET ADDRESS 50 W. FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

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

TITLE AVP
NAME HAUSWIRTH, LYNDIA
STREET ADDRESS 50 W. FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

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

TITLE D
NAME CHAPMAN, ALVAH H
STREET ADDRESS ONE HERALD PLAZA
CITY-ST-ZIP MIAMI FL ☐ Delete

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

TITLE D
NAME CONNORS, MARY JEAN
STREET ADDRESS 50 W. FERNANDO ST
CITY-ST-ZIP SAN JOSE CA 95113 ☐ Delete

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 14 2000

Date

Daytime Phone #

CR2E034 1999