

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90029 027 ***158.75

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**

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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	JONES, ROSS	
STREET ADDRESS	50 W. FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	SILVERGLAT, ALAN	
STREET ADDRESS	50 W. FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	EFFREN, GARY	
STREET ADDRESS	50 W. FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	HAUSWIRTH, LYNDIA	
STREET ADDRESS	50 W. FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ALVAH H	
STREET ADDRESS	ONE HERALD PLAZA	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNORS, MARY JEAN	
STREET ADDRESS	50 W. FERNANDO ST	
CITY-ST-ZIP	SAN JOSE CA 95113	

TITLE	5	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLK LARSON	
STREET ADDRESS	50 W. SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. SAN FERNANDO ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. SAN FERNANDO ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. SAN FERNANDO ST	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN ROSS	
STREET ADDRESS	50 W. SAN FERNANDO ST	
CITY-ST-ZIP	SAN JOSE, CA 95113	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 W. SAN FERNANDO ST	
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:

Lyndia Hauswirth

3/22/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)