

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90025 029 ***155.00

DOCUMENT # P96000039410

1. Entity Name

Longleaf Press, Inc.

Principal Place of Business

5008 N. 9th St.
 Tampa, FL 33603

Mailing Address

5008 N. 9th St.
 Tampa, FL
 33603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3461353

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Spencer, Lona D.
 5008 N. 9th St.
 Tampa, FL 33603-2302

7. Name and Address of New Registered Agent

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

Lona D. Spencer

LONA D. SPENCER

April 28, 2001

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

TITLE: President
 NAME: LONA D. SPENCER
 STREET ADDRESS: 5008 N. 9th St.
 CITY-ST-ZIP: Tampa, FL 33603-2302 ☐ Delete

TITLE: Vice President
 NAME: Samuel A. Davis
 STREET ADDRESS: 5008 N. 9th St.
 CITY-ST-ZIP: Tampa FL 33603-2302 ☐ Delete

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Vice President
 NAME: Thomas M. Spencer
 STREET ADDRESS: 5008 N. 9th St.
 CITY-ST-ZIP: Tampa FL 33603-2302 ☐ Change ☒ Addition

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

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 STREET ADDRESS: ☐ Change ☐ Addition
 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:

Lona D. Spencer

LONA D. SPENCER

4/28/01

(813) 234-8432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)