

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000077563

1. Entity Name

WCCN PUBLISHING, INC.

Principal Place of Business

Mailing Address

200 EXECUTIVE WAY
PONTE VEDRA BEACH FL 32082

200 EXECUTIVE WAY
PONTE VEDRA BEACH FL 32082-2711

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 59-3414577

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

BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

Name Glazier & Glazier, P.A.
Street Address (P.O. Box Number is Not Acceptable)
8761 Perimeter Park Blvd
Suite 103
City Jacksonville FL Zip Code 32216

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 Scott L. Glazier
Signature, typed or printed name of registered agent and title if applicable

Scott L. Glazier, VP
(NOTE: Registered Agent signature required when reinstating)

2/3/00
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 D ☐ Delete
NAME POLIZZI, THOMAS A
STREET ADDRESS 200 EXECUTIVE WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE D ☐ Delete
NAME POLIZZI, BERNADETTE C
STREET ADDRESS 200 EXECUTIVE WAY
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Thomas A. Polizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-9-00
Date

904-285-2600
Daytime Phone #

920261



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)