

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000002826

1. Entity Name

THE BEST OF PUBLISHING, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90026 031 ***150.00

Principal Place of Business

601 NO. ORLANDO AVE.
MAITLAND FL 32751
US

Mailing Address

PO BOX 952751
LAKE MARY FL 32795-2751
US

550520



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

260 Maitland Ave.

3. Mailing Address

Suite, Apt. #, etc.

Ste. 2000

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

City & State

4. FEI Number 59-3418460

Applied For

Not Applicable

Zip

Country

32701

USA

Zip

Country

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

FORET, JOHN
679 HOLBROOK CIRCLE
LAKE MARY FL 32746

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	D	<input type="checkbox"/> Delete
NAME	FORET, JOHN	
STREET ADDRESS	679 HOLBROOK CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARREN, JENKINS E JR	
STREET ADDRESS	1351 MARKHAM WOODS RD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	D	<input type="checkbox"/> Delete
NAME	ISAAC, BRYNLEY E	
STREET ADDRESS	1351 MARKHAM WOODS RD.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-01

CR2E034 (10/00)