

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90151 046 ***150.00

DOCUMENT # P98000002198

1. Entity Name

OVIEDO NEWSPAPERS, INC.

Principal Place of Business

**169 W BROADWAY ST
OVIEDO FL 32765**

Mailing Address

**169 W BROADWAY ST
OVIEDO FL 32765**

2. Principal Place of Business

950 N. Central

Suite, Apt. #, etc.

Suite 6

3. Mailing Address

Same as 2.

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Zip

32765

Country

Zip

Country

4. FEI Number

59-3485819

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COMBS, STEPHEN M E.A.
169 W BROADWAY ST
OVIEDO FL 32765**

7. Name and Address of New Registered Agent

Name

Stephen M. Combs, E.A.

Street Address (P.O. Box Number is Not Acceptable)

300 W. Mitchell Hammock Rd.

Suite 4

City

Oviedo

FL

Zip Code

32765

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

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **NOLES, JAMES C SR.**
CITY-ST-ZIP **PO BOX 365 N/A
GENEVA FL 32732**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 407 366-9181

Date

Daytime Phone #

CR2E034 (10/00)