

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097962

1. Entity Name

JUNIOR NEWS, INC.

FILED

Apr 22, 2000 8:00 am  
Secretary of State

04-22-2000 90046 050 \*\*\*150.00

Principal Place of Business

Mailing Address

1700 SOUTH SAN PABLO ROAD. #1320  
JACKSONVILLE FL 32224

1700 SOUTH SAN PABLO ROAD. #1320  
JACKSONVILLE FL 32224-2053

2. Principal Place of Business

3. Mailing Address

2922 Birds Eye Dr  
Suite, Apt. #, etc.

29221 BIRDS EYE DR  
Suite, Apt. #, etc.

City & State

Wesley Chapel, FL

City & State

WESLEY CHAPEL, FL

Zip

33543

Country

USA

Zip

33543

Country

USA

4. FEI Number

59-3543460

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

WHITEMORE, MARLA  
1700 SOUTH SAN PABLO ROAD, #1320  
JACKSONVILLE FL 32224

Name: MARLA WHITEMORE  
Street Address (P.O. Box Number is Not Acceptable)  
29221 BIRDS EYE DRIVE  
City: WESLEY CHAPEL FL Zip Code: 33543

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: *Marla Whittemore* MARLA WHITEMORE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/15/00

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  
NAME: WHITEMORE, MARLA  
STREET ADDRESS: 1700 SOUTH SAN PABLO ROAD, #1320  
CITY-ST-ZIP: JACKSONVILLE FL 32224 ☐ Delete

TITLE: ☐ Change ☐ Addition  
NAME: 29221 BIRDS EYE DRIVE  
STREET ADDRESS: WESLEY CHAPEL, FL 33543  
CITY-ST-ZIP: ☐ Change ☐ Addition

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

TITLE: ☐ Change ☐ Addition  
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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: *Marla Whittemore* MARLA WHITEMORE 4/15/00 813 973 1166  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)