

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105700

1. Entity Name
MINT MAGAZINE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90094 020 ***150.00

Principal Place of Business

**6960 BONNEVAL RD.
102
JACKSONVILLE FL 32216**

Mailing Address

**6960 BONNEVAL RD.
102
JACKSONVILLE FL 32216**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FFI Number **59-3550762**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**F & L CORP.
200 LAURA STREET
JACKSONVILLE FL 32202**

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

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

(NOTE: Registered Agent's signature required when re-electing)

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	D	☐ Delete
NAME	FLYNN, BRIAN D	
STREET ADDRESS	13835 TORTUGA POINT DRIVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32225	
TITLE	D	☐ Delete
NAME	HEALEY, JAMES M	
STREET ADDRESS	2507 S OCEAN DRIVE	
CITY-STATE-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	☐ Delete
NAME	MCCAFFREY, BRIAN E	
STREET ADDRESS	4004 JEBB ISLAND CIRCLE W.	
CITY-STATE-ZIP	JACKSONVILLE FL 32224	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

Date

Daytime Phone #

1/11/01

904-281-8800

CR2E034 (10/00)