

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000025422

1. Entity Name

FLAGLER PUBLISHING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90046 012 ***150.00

Principal Place of Business

3 CYPRESS BRANCH WAT STE 106
PALM COAST FL 32164

Mailing Address

3 CYPRESS BRANCH WAT STE 106
PALM COAST FL 32164

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

59-3564271

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

SCOTT, JAMES A JR
4440 N. OCEANSHORE BOULEVARD
SUITE 109
PALM COAST FL 32137

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, 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

TITLE	President	<input type="checkbox"/> Delete
NAME	David Gibbs	
STREET ADDRESS	1509 OAK Forest Drive	
CITY-ST-ZIP	Ormond Beach FL 32174	
TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	William F Livingston	
STREET ADDRESS	313 Cypress Street	
CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE	Assistant Sec./Treasurer	<input checked="" type="checkbox"/> Delete
NAME	Ruth C. Livingston	
STREET ADDRESS	313 Cypress Street	
CITY-ST-ZIP	Flagler Beach FL 32136	
TITLE	Treasurer	<input type="checkbox"/> Delete
NAME	John Gazzoli	
STREET ADDRESS	3 Cole Place	
CITY-ST-ZIP	Palm Coast FL 32137	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ERIC G. GAYTON	
STREET ADDRESS	164 Pine Grove Drive	
CITY-ST-ZIP	Palm Coast FL 32164	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 or without other information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/21/00

904-446-1659

CR2E034 (9/99)