

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/10/00 00:00:00 000 0150 00 0150 00

DOCUMENT # P99000047327

1. Entity Name

LEESBURG NEWSPAPERS, INC.

**FILED**  
**May 10, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90181 033 \*\*\*150.00

Principal Place of Business

212 EAST MAIN STREET  
LEESBURG FL 34749

Mailing Address

212 EAST MAIN STREET  
LEESBURG FL 34748-5227

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. FEI Number

59-358/056

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PERRY, JAMES N  
212 EAST MAIN STREET  
LEESBURG FL 34749

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 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	D	<input type="checkbox"/> Delete
NAME	PHILLIPS, RUPERT E	
STREET ADDRESS	1713 GIANT SYCAMORE LANE	
CITY-ST-ZIP	BAKER FL 32531	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAWS, H C	
STREET ADDRESS	8811 GROW DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 checked="" type="checkbox"/> Addition
NAME	SANDRA K. PHILLIPS	
STREET ADDRESS	1713 GIANT SYCAMORE LANE	
CITY-ST-ZIP	BAKER, FL. 32531	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA M. DAWS	
STREET ADDRESS	8811 GROW DRIVE	
CITY-ST-ZIP	PENSACOLA, FL. 32514	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALAN PAINE	
STREET ADDRESS	212 EAST MAIN ST.	
CITY-ST-ZIP	LEESBURG, FL. 34749	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00  
Date

352-365-8200  
Daytime Phone #