

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90492 048 ***150.00

DOCUMENT # P99000047327

1. Entity Name
LEESBURG NEWSPAPERS, INC.

Principal Place of Business
**212 EAST MAIN STREET
 LEESBURG FL 34749**

Mailing Address
**212 EAST MAIN STREET
 LEESBURG FL 34749**

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 **59-3581056**

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

**PERRY, JAMES N
 212 EAST MAIN STREET
 LEESBURG FL 34749**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PHILLIPS, RUPERT E**
 STREET ADDRESS **1713 GIANT SYCAMORE LANE**
 CITY-ST-ZIP **BAKER FL 32531**

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

TITLE **D** ☐ Delete
 NAME **DAWS, H C**
 STREET ADDRESS **8811 GROW DRIVE**
 CITY-ST-ZIP **PENSACOLA FL 32514**

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

TITLE **SD** ☐ Delete
 NAME **PHILLIPS, SANDRA K**
 STREET ADDRESS **1713 GIANT SYCAMORE LANE**
 CITY-ST-ZIP **BAKER FL 32531**

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

TITLE **D** ☐ Delete
 NAME **DAWS, BRENDA M**
 STREET ADDRESS **8811 GRON DR.**
 CITY-ST-ZIP **PENSACOLA FL 32574**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8811 GROW DRIVE**
 CITY-ST-ZIP

TITLE **T** ☐ Delete
 NAME **PAINE, ALAN**
 STREET ADDRESS **212 EASTMAN ST.**
 CITY-ST-ZIP **LEESBURG FL 34749**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **212 EAST MAIN ST.**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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

ALAN S. PAINE

3/12/2001
 Date

352-365-8222
 Daytime Phone #

CR2E034 (10/00)