

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90068 016 ***150.00

DOCUMENT # P99000070501

1. Entity Name

CAMPUS CHRONICLE, INC.

Principal Place of Business

**1266 S. PINELLAS AVE
 TARPON SPRINGS FL 34689**

Mailing Address

**1266 S PINELLAS AVE
 TARPON SPRINGS FL 34689**

2. Principal Place of Business

3. Mailing Address

121 E Lime street

121 E Lime street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Tarpon Springs, FL

Tarpon Springs FL

Zip **34689**

Country

Zip

34689

Country

4. FEI Number

65-0951311

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

COHEN, AMY G

1266 S PINELLAS AVE

TARPON SPRINGS FL 34689

Name

Amy G Cohen

Street Address (P.O. Box Number is Not Acceptable)

7136 Little Road

City

New Port Richey

FL

Zip Code

34654

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

Amy Cohen
 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, 2002 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	PS	<input checked="" type="checkbox"/> Delete
NAME	COHEN, AMY G	
STREET ADDRESS	1266 S PINELLAS AVE	
CITY-ST-ZIP	TARPON SPRINGS FL 34689	
TITLE	PS ELLIE GEIER	<input type="checkbox"/> Delete
NAME	Eleanore Geier	
STREET ADDRESS	121 E Lime Street	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cohen, Amy G	
STREET ADDRESS	7136 Little Road	
CITY-ST-ZIP	New Port Richey, FL 34654	
TITLE	PS ELLIE GEIER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eleanore Geier	
STREET ADDRESS	121 E Lime Street	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
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 all other like empowered.

SIGNATURE:

Eleanore Geier
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/23/02 **727-987-6867**

CR2E034 (9/01)