

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 18, 2000 8:00 am  
Secretary of State

05-15-2000 90097 001 \*\*\*150.00  
05-15-2000 90097 002 \*\*\*\*\*8.75  
09-18-2000 90010 014 \*\*\*550.00

DOCUMENT # P99000076532

1. Entity Name

MORNINGSTAR PUBLISHING, COMPANY

Principal Place of Business

8305 SUMMER GROVE ROAD  
TAMPA FL 33647

Mailing Address

8305 SUMMER GROVE ROAD  
TAMPA FL 33647

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

YOUNG, DEBORAH W  
8305 SUMMER GROVE ROAD  
TAMPA FL 33647

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PRESIDENT Deborah W Young	8305 Summer Grove RD	Tampa FL 33647	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	PRESIDENT Deborah W Young	8305 Summer Grove RD	Tampa FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	India m Barnes - S	1235 Maximilian DR.	Wesley Chapel, FL 33543	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	m Dolores Brown	17911 Hollybrook DR.	TAMPA FL 33647	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone #

9/10/00

813 558-8746