

# 601 UNIFORM BUSINESS REPORT (UBR)

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR  
59-36698-14

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

YOUNG, DEBORAH W  
8305 SUMMER GROVE ROAD  
TAMPA FL 33647

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 see 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	P	<input type="checkbox"/> Delete
NAME	YOUNG, DEBORAH	
STREET ADDRESS	8305 SUMMER GROVE RD	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE	S	<input type="checkbox"/> Delete
NAME	BARNES, INDIA	
STREET ADDRESS	1235 MAXMILLAN DR	
CITY-ST-ZIP	ZEPHYRHILLS FL 33543	
TITLE	M	<input type="checkbox"/> Delete
NAME	BROWN, DOLORES	
STREET ADDRESS	17911 HOLLYBROOK DR	
CITY-ST-ZIP	TAMPA FL 33647	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Deborah W Young DEBORAH W YOUNG

Date

Daytime Phone #

FILED  
Jun 18, 2001 8:00 am  
Secretary of State

05-02-2001 90091 014 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



Attachment 7505

**FACSIMILE TRANSMISSION  
INTERNAL REVENUE SERVICE**

ATLANTA SERVICE CENTER  
PO BOX 47421  
TELE-TIN UNIT STOP 791  
DORAVILLE, GA 30342

#P99000076532

DATE 9-15-2000 RECD \_\_\_\_\_ TIME \_\_\_\_\_

NAME \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

Deborah W. Young 813-558-8746

IF YOU HAVE ANY QUESTION ABOUT ANY FAX RECEIVED FROM OUR OFFICE  
PLEASE CALL US AT (678) 530-7234 OR (678) 530-7235.

TOTAL PAGE: 1

COMMENTS: WE HAVE ASSIGNED AN EMPLOYER IDENTIFICATION NUMBER FOR  
THE ENTITY (IES) SHOWN BELOW. YOU SHOULD RECEIVE WRITTEN NOTIFICATION  
OF YOUR EMPLOYER IDENTIFICATION NUMBER(S) WITHIN 30 DAYS.

COMPANY NAME:

Morningstar Publishing Co

EMPLOYER IDENTIFICATION NUMBER (EIN):

59-3669874

COMPANY NAME:

EMPLOYER IDENTIFICATION NUMBER (EIN):

This communication is intended for the sole use of the individual to whom it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of the communication is not the intended recipient, or the employee or agent for delivering the communication to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication may be strictly prohibited. If you receive this communication in error, please notify the sender immediately by telephone call. Thank you.

2000-09-15 10:00:00

RECEIVED  
2000-09-15 10:00:00

2000-09-15 10:00:00