

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077845

1. Entity Name

F N PUBLISHING, INC.

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90975 014 ***150.00

Principal Place of Business

9923 SAN SEBASTIAN WAY
PORT RICHIE FL 34668

Mailing Address

9923 SAN SEBASTIAN WAY
PORT RICHIE FL 34668-3554

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

59-3597867

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ESTIME, GILBERT
17454 S.W. 79 CT.
MIAMI FL 33157

7. Name and Address of New Registered Agent

Name DAREWOOD M. STEINHOFF

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

9923 SAN SEBASTIAN WAY

City

PORT RICHIE

FL

Zip Code

34668-3554

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

DAREWOOD M. STEINHOFF

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

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 P
NAME STEINHOFF, DAREWOOD M
STREET ADDRESS 9923 SAN SEBASTIAN WAY
CITY-ST-ZIP PORT RICHIE FL 34668 ☐ Delete

TITLE V
NAME CAROLAN, KEVIN M
STREET ADDRESS 9923 SAN SEBASTIAN WAY
CITY-ST-ZIP PORT RICHIE FL 34668 ☐ Delete

TITLE S
NAME ARNOLD, MICHELLE
STREET ADDRESS 9923 SAN SEBASTIAN WAY
CITY-ST-ZIP PORT RICHIE FL 34668 ☐ Delete

TITLE T
NAME STEINHOFF, JANET
STREET ADDRESS 9923 SAN SEBASTIAN WAY
CITY-ST-ZIP PORT RICHIE FL 34668 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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:

DAREWOOD M. STEINHOFF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/00

Daytime Phone #

(227) 848-1047

CR2E034 (9/99)