

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077845

1. Entity Name
F N PUBLISHING, INC.

Principal Place of Business
**9923 SAN SEBASTIAN WAY
PORT RICHEY FL 34668**

Mailing Address
**9923 SAN SEBASTIAN WAY
PORT RICHEY FL 34668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Richey, FL 34668

City & State

Port Richey, FL 34668

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

**STEINHOFF, DAREWOOD M
9923 SAN SEBASTIAN WAY
PORT RICHEY FL 34668-3559**

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 \$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

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | STEINHOFF, DAREWOOD M | |
| STREET ADDRESS | 9923 SAN SEBASTIAN WAY | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | V | <input type="checkbox"/> Delete |
| NAME | CAROLAN, KEVIN M | |
| STREET ADDRESS | 9923 SAN SEBASTIAN WAY | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | ARNOLD, MICHELLE | |
| STREET ADDRESS | 9923 SAN SEBASTIAN WAY | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | T | <input type="checkbox"/> Delete |
| NAME | STEINHOFF, JANET | |
| STREET ADDRESS | 9923 SAN SEBASTIAN WAY | |
| CITY-ST-ZIP | PORT RICHEY FL 34668 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------------|--|
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Port Richey, FL 34668 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Port Richey, FL 34668 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAROLAN, michelle | |
| STREET ADDRESS | 9923 San Sebastian Way | |
| CITY-ST-ZIP | Port Richey, FL 34668 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | Port Richey, FL 34668 | |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Janet Steinhoff

4/4/1

Date

(727) 848-7700

Daytime Phone #

CR2E034 (10/00)

0555421



DO NOT WRITE IN THIS SPACE