

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2000 8:00 am**  
**Secretary of State**

02-07-2000 90008 033 \*\*\*150.00

**DOCUMENT # V13486**

1. Entity Name

**FREE COMMUNITY PAPERS ADVERTISING NETWORK, INC.**

Principal Place of Business

Mailing Address

BOX 1539  
LAKES FL 32157-1539

P.O. BOX 1539  
LADY LAKES FL 32158-1539

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 **59-3110612**

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

**MANDT, JOSEPH D ESQ.**  
**610 W. AZEELE STREET**  
**TAMPA FL 33606**

Name

**NEUHARTH, DAVID J**  
Street Address (P.O. Box Number is Not Acceptable)

**1240 SE HWY 484 Unit D**

City

**Ocala,**

**FL**

Zip Code

**34480**

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 **David J. Neuarth** **DAVID J. NEUHARTH EXECUTIVE DIRECTOR**

**2-1-2000**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **PATTERSON, SCOTT**  
STREET ADDRESS **601 FAIRWAY AVENUE**  
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

TITLE **VP** ☐ Change ☐ Addition  
NAME **DAN AUBREY**  
STREET ADDRESS **108 CHURCH ST**  
CITY-ST-ZIP **KISSIMMEE, FL. 34741**

TITLE **VP** ☐ Delete  
NAME **ROCKWELL, CARLA**  
STREET ADDRESS **1401 OAKFIELD DRIVE**  
CITY-ST-ZIP **BRANDON FL 33511**

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

TITLE **S** ☐ Delete  
NAME **HILLIER, RHONDA**  
STREET ADDRESS **2905 E. BUS 98**  
CITY-ST-ZIP **PANAMA CITY FL 32401**

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

TITLE **D** ☐ Delete  
NAME **BLAIS, STEVE**  
STREET ADDRESS **245 A S WOODLAND BLVD**  
CITY-ST-ZIP **DELAND FL 32720**

TITLE **TREASURER** ☒ Change ☐ Addition  
NAME **STEVE BLAIS**  
STREET ADDRESS **245A S. WOODLAND BLVD**  
CITY-ST-ZIP **DELAND, FL. 32720**

TITLE **D** ☐ Delete  
NAME **GUZMAN, CALHOS**  
STREET ADDRESS **11900 SW 128 STREET**  
CITY-ST-ZIP **MIAM FL 33186**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **GUZMAN, CARLOS**  
STREET ADDRESS **11900 SW 128 ST.**  
CITY-ST-ZIP **MIAMI, FL 33186**

TITLE **D** ☐ Delete  
NAME **TABOR, MIKE**  
STREET ADDRESS **4645 HWY. 19-A**  
CITY-ST-ZIP **MT. DORA FL 32757**

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-2-2000**

Date

**(904) 736-2880**

Daytime Phone #