

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V13486

1. Entity Name

FREE COMMUNITY PAPERS ADVERTISING NETWORK, INC.

Principal Place of Business

P.O. BOX 1539
LADY LAKES FL 32157-1539

Mailing Address

P.O. BOX 1539
LADY LAKES FL 32157-1539

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

NEWHARTH, DAVID J
1240 SW HWY 484 LEVEL D
OCALA FL 34480

Now Address

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	VP	<input type="checkbox"/> Delete
NAME	AUTREY, DAN	
STREET ADDRESS	108 CHURCH ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROCKWELL, CARLA	
STREET ADDRESS	1401 OAKFIELD DRIVE	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	S	<input type="checkbox"/> Delete
NAME	HILLIER, RHONDA	
STREET ADDRESS	2905 E. BUS 98	
CITY-ST-ZIP	PANAMA CITY FL 32401	
TITLE	T	<input type="checkbox"/> Delete
NAME	BLAIS, STEVE	
STREET ADDRESS	245 A S WOODLAND BLVD	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	D	<input type="checkbox"/> Delete
NAME	GUZMAN, CALHOS	
STREET ADDRESS	11900 SW 128 STREET	
CITY-ST-ZIP	MIAM FL 33186	
TITLE	D	<input type="checkbox"/> Delete
NAME	TABOR, MIKE	
STREET ADDRESS	4645 HWY. 19-A	
CITY-ST-ZIP	MT. DORA FL 32757	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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 full power like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90001 016 ***150.00

700593



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3110612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

CR2E034 (10/00)

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