

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V33962

1. Entity Name

EXECUTIVE REPORTERS, INC.

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90023 031 \*\*\*150.00

Principal Place of Business

Mailing Address

233 EAST BAY STREET  
1133 BLACKSTONE BLDG  
JACKSONVILLE FL 32202  
US

233 EAST BAY STREET  
1133 BLACKSTONE BLDG  
JACKSONVILLE FL 32202-3452  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

233 East Bay Street  
Suite, Apt. #, etc.  
1113 Blackstone Bldg  
City & State  
Jacksonville Florida  
Zip  
32202  
Country  
US

233 East Bay Street  
Suite, Apt. #, etc.  
1113 Blackstone Bldg  
City & State  
Jacksonville, Florida  
Zip  
32202  
Country  
US

4. FEI Number 59-3129083

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

FERNANDEZ, JOAN Z.  
233 EAST BAY STREET  
1133 BLACKSTONE BLDG  
JACKSONVILLE FL 32202

Name Fernandez, Joan Z.  
Street Address (P.O. Box Number is Not Acceptable)  
233 East Bay Street  
1113 Blackstone Bldg  
City Jacksonville FL Zip Code 32202

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 Joan Z. Fernandez DATE 3/7/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	FERNANDEZ, JOAN Z.	
STREET ADDRESS	233 E BAY ST / 1133 BLACKSTONE BLDG	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MCKEEVER, ELISE F	
STREET ADDRESS	1662 PARK TERRACE W	
CITY-ST-ZIP	ATLANTIC BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	FERNANDEZ, EDWARD JOHN	
STREET ADDRESS	1174 POPOLEE RD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	233 E. Bay St, 1113 Blackstone Bldg
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 all other like empowered.

SIGNATURE: Joan Z. Fernandez DATE 3/7/00 DAYTIME PHONE # 904-355-7801  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

V33962

920420

Please  
note  
Suite #  
'is not 1133  
It's 1113