

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # 832102**

1. Entity Name  
**R.T. MILORD CO.**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90095 006 \*\*\*158.75

Principal Place of Business      Mailing Address  
**9801 S. INDUSTRIAL DRIVE**      **9801 S. INDUSTRIAL DRIVE**  
**BRIDGEVIEW IL 60455**      **BRIDGEVIEW IL 60455-2321**



DO NOT WRITE IN THIS SPACE

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      Applied For  
**36-2355396**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MILORD, JEROME F**  
**3600 S CONGRESS AVE I**  
**BOYNTON BCH. FL 33426**

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, 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	VD	<input type="checkbox"/> Delete
NAME	MILORD, JEROME	
STREET ADDRESS	3600 S CONGRESS AVE I	
CITY-ST-ZIP	BOYNTON BCH. FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MILORD, PAUL J	
STREET ADDRESS	9801 S INDUSTRIAL DR	
CITY-ST-ZIP	BRIDGEVIEW, IL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILORD, WILLIAM F.	
STREET ADDRESS	3600 S CONGRESS AVE I	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	MILORD, KEVIN T.	
STREET ADDRESS	9801 SO. INDUSTRIAL DR.	
CITY-ST-ZIP	BRIDGEVIEW IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	THOMAS, MICHAEL R	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MILORD, PHILIP J	
STREET ADDRESS	9801 S INDUSTRIAL DRIVE	
CITY-ST-ZIP	BRIDGEVIEW IL	

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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **1/21/00**      Daytime Phone # \_\_\_\_\_

CR2E034 (9/99)