

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90116 001 ***150.00

DOCUMENT # P00296

1. Entity Name
GARELICK MFG. CO.

Principal Place of Business Mailing Address
644 SECOND ST. **644 SECOND ST.**
ST. PAUL PARK MN 55071 **ST. PAUL PARK MN 55071-1852**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
41-0775702 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
KOHEN, ROBERT M
7151 - 114TH AVENUE NORTH
SUITE 1500
LARGO FL 34643

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 _____ (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.

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	CD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, SAUL S.	NAME	
STREET ADDRESS	644 SECOND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL PARK MN	CITY-ST-ZIP	
TITLE	PS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, KENNETH D.	NAME	
STREET ADDRESS	644 SECOND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL PARK MN	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, HERBERT J.	NAME	
STREET ADDRESS	644 SECOND ST.	STREET ADDRESS	
CITY-ST-ZIP	ST. PAUL PARK MN	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARELICK, RICHARD J	NAME	
STREET ADDRESS	644 2ND STR	STREET ADDRESS	
CITY-ST-ZIP	ST PAUL MARK MN	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORONIS, LEWIS H	NAME	
STREET ADDRESS	644 2ND STR	STREET ADDRESS	
CITY-ST-ZIP	ST PAUL PARK MN	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Lewis H. Coronis* **LEWIS H. CORONIS** **1/6/00** **651/459-9795**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2004 (9/99)