

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000070637

1. Entity Name
6401 SOUTH BOSTON STREET INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90248 014 ***150.00

Principal Place of Business 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308 US	Mailing Address 1801 HERMITAGE BLVD SUITE 600 TALLAHASSEE FL 32308-7707 US
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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 36-4046179	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

TODD, DAVID E
1801 HERMITAGE BLVD
SUITE 100
TALLAHASSEE FL 32308

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 _____ DATE _____
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BENNETT, DOUGLAS W 1801 HERMITAGE BLVD TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete SMITH, JEFFREY L. 1801 HERMITAGE BLVD TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTAS <input checked="" type="checkbox"/> Delete SMITH, ROGER A. 180 N. LASALLE STRET CHICAGO IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS <input type="checkbox"/> Delete MCCARTHY, THOMAS D 180 N. LASALLE STRET CHICAGO IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS <input type="checkbox"/> Delete HORTON, JAMES W 1801 HERMITAGE BLVD TALLAHASSEE FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Delete EDELMAN, HOWARD J 180 N. LASALLE STREET CHICAGO IL 60601

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Maury Tognarelli 180 N. LaSalle Street Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Roger E. Smith 180 N. LaSalle Street Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Lynne Quick 1801 Hermitage Blvd., #600 Tallahassee, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Karen Kurnick 180 N. LaSalle Street Chicago, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **Douglas W. Bennett, Director** 850/488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE034 (9/99)