## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachate

## Apr 21, 2000 8:00 am Secretary of State DOCUMENT # F9700006060 WINDOLPH REALTY CO., INC. 04-21-2000 90029 049 \*\*\*150.00 Principal Place of Business Mailing Address 57 WHITE OAK CIRCLE 57 WHITE OAK CIRCLE ST CHARLES IL 60174-4164 ST CHARLES IL 60174 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-1477980 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STRAWN, JOEL T Street Address (P.O. Box Number is Not Acceptable) 54 N.E. 4TH AVENUE **DELRAY BEACH FL 33483** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicab FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PCD □ Delete TITLE BROEK, HOWARD W NAME NAME **57 WHITE OAK CIRCLE** STREET ADDRESS STREET ADDRESS CITY-ST-7IP ST CHARLES IL CITY-ST-ZIP GENTILE, GILLIAN 57 WHITE OAK CIRCLE 7300 Brianwood ST Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS ST CHARLES IL Manovor Park IL 60103 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 57 WHITE OAK CIRCLE 6NOG6 Hillride Av NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST CHARLES IL CITY-ST-ZIP ☐ Change ☐ Addition TITLE STEMPEL, CATHERINE NAME NAME <del>57 WHITE OAK CITICLE</del> ONE Haddon Cowt STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE TITLE □ Delete 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 received or trustee empowers to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if