

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2003 8:00 am**  
**Secretary of State**

07-30-2003 90070 018 \*\*\*550.00

0147596 AB

**DOCUMENT # F97000006060**

1. Entity Name  
**WINDOLPH REALTY CO., INC.**



Principal Place of Business  
**57 WHITE OAK CIRCLE  
ST CHARLES IL 60174**

Mailing Address  
**57 WHITE OAK CIRCLE  
ST CHARLES IL 60174**



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 **13-1477980**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STRAWN, JOEL T  
54 N.E. 4TH AVENUE  
DELRAY BEACH FL 33483**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PCD**  
STREET ADDRESS **BROEK, HOWARD W**  
CITY-ST-ZIP **57 WHITE OAK CIRCLE  
ST CHARLES IL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **GENTILE, GILLIAN**  
CITY-ST-ZIP **7300 BRIOSWOOD ST  
MANOVER PARK IL 60103**

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **GENTILE, GILLIAN**  
CITY-ST-ZIP **3501 ABBEYWOOD COURT  
CARPENTERSVILLE, IL 60110**

TITLE ☐ Delete  
NAME **ST**  
STREET ADDRESS **SCHNELL, JENNIFER**  
CITY-ST-ZIP **6N066 HILLRIDE AVE  
SAINT CHARLES IL 60175**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **STEMPEL, CATHERINE**  
CITY-ST-ZIP **2847 HARVEST LANE  
LAKE VILLA IL 60046**

TITLE ☒ Change ☐ Addition  
NAME **VD**  
STREET ADDRESS **STEMPLE, CATHERINE**  
CITY-ST-ZIP **5485 HEDGEWICK WAY  
CUMMING, GA 30040**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **HOWARD W. BROEK** x7/26/03 630-377-5397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)