## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 160648 Feb 13, 2000 8:00 am 1. Entity Name Secretary of State MCARTHUR DAIRY, INC. 02-13-2000 90004 020 \*\*\*150.00 Mailing Address Principal Place of Business 500 SAWGRASS CORPORATE PARKWAY 500 SAWGRASS CORPORATE PARKWAY SUNRISE FL 33325-6210 SUNRISE FL 33325 VACTITATE 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 59-0608937 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition XX Delete Change TITLE TITLE GIOVANETTI, WILLIAM NAME NAME ABELL, BRADLEY C. STREET ADDRESS STREET ADDRESS 500 SAWGRASS CORP. PKWY 500 SAWGRASS CORP. PKWY CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33325 SUNRISE, FL 33325 **XX**Addition ☐ Change ☐ Delete TIT! F BLANCHARD, ERIC BAILEY, RICHARD E NAME 3600 N. RIVER ROAD STREET ADDRESS STREET ADDRESS 3600 N RIVER ROAD CITY-ST-ZIP FRANKLIN PARK, IL 60131 CITY-ST-ZIP FRANKLIN PARK IL 60131 **X**Addition ☐ Change TITLE ☐ Delete TITLE LUEGERS, WILLIAM M? MCMANAMAN, WILLIAM R. --NAME NAME STREET ADDRESS STREET ADDRESS 3600 N. RIVER ROAD 3600 N. RIVER ROAD CITY-ST-ZIP CITY-ST-ZIP FRANKLIN PARK I1 FRANKLIN PARK, IL 60131 ☐ Addition TITLE Change TITLE ☐ Delete HILLS, RICHARD L. NAME NAMÉ HILLS, RICHARD L? STREET ADDRESS 500 SAWGRASS CORP. PKWY. STREET ADDRESS 500 SAWGRASS CORP. PKWY CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL SUNRISE, FL 33325 XX Change ☐ Addition □ Delete TITLE TITLE DEAN, HOWARD NAME DEAN. HOWARD STREET ADDRESS 3600 N. RIVER ROAD STREET ADDRESS 3600 N. RIVER ROAD CITY-ST-ZIP FRANKLIN PARK, IL 60131 CITY-ST-ZIP FRANKLIN PARK IL C (CONTROLLER) Change XX Addition Delete TITLE HOOVER, JAMES 500 SAWGRASS CORP PKWY NAME KLEBER, DALE E NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

3600 N. RIVER RD.

FRANKLIN PARK IL 60131

STREET ADDRESS

JRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SUNRISE, FL 33325