

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 289117

1. Entity Name

THE CENTRAL PRESS OF MIAMI, INC.

Principal Place of Business

Mailing Address

2901 GATEWAY DR.
POMPANO BCH, FL 33069

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90067 039 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2275 CABOT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATTN: TAX DEPT.

City & State

City & State

LISLE, IL

4. FEI Number

59-1086097

Applied For

Not Applicable

Zip

Country

Zip

Country

60532-3630

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(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.
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/D MICHAEL O. DUFFIELD 2275 CABOT DRIVE LISLE, IL 60532-3630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/AS ROBERT J. KELDERHOUSE 2275 CABOT DRIVE LISLE, IL 60532-3630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GARY K. HAMAN 2275 CABOT DRIVE LISLE, IL 60532-3630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D STEVEN L. CARSON 2275 CABOT DRIVE LISLE, IL 60532-3630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAYNE E. RICHTER 2275 CABOT DRIVE LISLE, IL 60532-3630	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (9/99)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. KELDERHOUSE

Date

4/11/00

Daytime Phone #

630-588-5000

APRIL, 2000

a. Hach
C0068977
#289117

CENTRAL PRESS OF MIAMI, INC.

DIRECTORS AND OFFICERS

DIRECTORS	ADDRESS
M. O. Duffield	2275 Cabot Drive Lisle, IL 60532-3630
W. E. Richter	2275 Cabot Drive Lisle, IL 60532-3630
S. L. Carson	2275 Cabot Drive Lisle, IL 60532-3630

OFFICERS	SOC. SEC. NO.	ADDRESS
M. O. Duffield CEO	394-58-2153	2275 Cabot Drive Lisle, IL 60532-3630
R. J. Kelderhouse Treasurer, Assistant Secretary	322-50-7948	2275 Cabot Drive Lisle, IL 60532-3630
G. K. Haman Assistant Treasurer	325-58-5797	2275 Cabot Drive Lisle, IL 60532-3630
S. L. Carson Secretary	368-72-0381	2275 Cabot Drive Lisle, IL 60532-3630