

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 431404

1. Entity Name

DRAPER AND KRAMER OF FLORIDA, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90069 026 ***150.00

Principal Place of Business
33 West Monroe Street
Attn: Carmen T. Estela
Chicago, IL 60603

Mailing Address
33 West Monroe Street
Attn: Carmen T. Estela
Chicago, IL 60603

950296

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
33 W. Monroe St.
Suite, Apt. #, etc.
19th Fl.

3. Mailing Address
33 W. Monroe St.
Suite, Apt. #, etc.
19th Fl. - L. Madsen

City & State
Chicago, IL

City & State
Chicago, IL

4. FEI Number
36-2775916

Applied For
Not Applicable

Zip
60603

Country
USA

Zip
60603

Country
USA

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

6. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bailey, Forrest D. 33 W. Monroe St. Chicago, IL 60603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Ford, Frederick C. 33 W. Monroe St. Chicago, IL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Madsen, Lorraine N. 33 W. Monroe St. Chicago, IL 60603	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Kramer, Anthony F. 33 W. Monroe St. Chicago, IL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Estela, Carmen T. 33 W. Monroe St. Chic, IL 0000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chicago, IL 60603	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chicago, IL 60603	<input checked="" 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 *Lorraine N. Madsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lorraine N. Madsen 4/27/00 312-795-2220

Date

Daytime Phone #

CR2E034 (9/99)