

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90144 050 ***150.00

DOCUMENT # 435601

1. Entity Name

RADICE OFFICE CORPORATION

A0633401



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O THE MAJOR GROUP INC
222 S 15TH / STE 600 N
OMAHA NE 68102
US

Mailing Address
THE MAJOR GROUP, INC.
222 S. 15TH, SUITE 600 N
OMAHA NE 68102-1680
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1496344**
☐ Applied For
☐ Not Applicable

Zip Country

Zip Country

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	VD	<input checked="" type="checkbox"/> Delete
NAME	GERBER, WILLIAM J.	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	T	<input type="checkbox"/> Delete
NAME	MACE, GEORGIA M.	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KNOLLA, PETER	
STREET ADDRESS	222 S. 15TH ST., SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	PD	<input type="checkbox"/> Delete
NAME	COON, KENNETH C	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 N	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, JOHN P	
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH	
CITY-ST-ZIP	OMAHA NE 68102	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: _____ **3-2200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #