

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90086 046 ***150.00

DOCUMENT # 536163

1. Entity Name

FRED W. AHLEMEIER, CO. OF FLORIDA

Principal Place of Business

Mailing Address

**934 SAN CARLOS DR
 FT MYERS BCH FL 33931-2226**

**934 SAN CARLOS DR
 FT MYERS BCH FL 33931-2226**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1146040

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

**AHLEMEIER, BARRY W
 9304 SAN CARLOS DRIVE
 FORT MYERS BEACH FL 33931**

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 **ST** Delete
 NAME **AHLEMEIER, BARRY W.**
 STREET ADDRESS **934 SAN CARLOS DR.**
 CITY-ST-ZIP **FT. MYERS BCH FL**

TITLE **V** Change Addition
 NAME **Barry Ahlemeier**
 STREET ADDRESS **934 San Carlos Ave.**
 CITY-ST-ZIP **Ft. Myers Beach, FL**

TITLE **PD** Delete
 NAME **AHLEMEIER, FRED W. JR.**
 STREET ADDRESS **934 SAN CARLOS DRIVE**
 CITY-ST-ZIP **FORT MYERS BEACH FL 33931**

TITLE **D** Change Addition
 NAME **Carl J. Lumley**
 STREET ADDRESS **130 S. Bemiston, Suite 200**
 CITY-ST-ZIP **St. Louis, MO 63105**

TITLE **STD** Delete
 NAME **AHLEMEIER, MARCELLA**
 STREET ADDRESS **8505 DELMAR BLVD**
 CITY-ST-ZIP **ST LOUIS MO**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **NORTON, JOHN**
 STREET ADDRESS **4539 SW 6TH AVE.**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V/D** Change Addition
 NAME **Suzanne Bopp-Ahlemeier**
 STREET ADDRESS **8505 Delmar Blvd.**
 CITY-ST-ZIP **St. Louis, MO 63124**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(f), 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: *Barry W. Ahlemeier*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)