

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 660313

1. Entity Name

BLACK HORSE AUTO PARTS, INC.

FILED

May 01, 2000 8:00 am  
Secretary of State

05-01-2000 90548 029 \*\*\*158.75

Principal Place of Business

Mailing Address

9205 E COLONIAL DR  
ORLANDO FL 32817

120 N LASALLE  
STE 3300  
CHICAGO IL 60602-2416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1985216

Applied For

Not Applicable

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

SHELHORN, STEVE  
9205 E COLONIAL DR  
ORLANDO FL 32817

Name CT Corporation System  
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road  
City Plantation FL Zip Code 33324

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

Francis P. Regan

4-13-00

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

(NOTE: Registered Agent Signature Required)

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 P ☐ Delete  
NAME MOISTEN, JOSEPH M  
STREET ADDRESS 120 N LASALLE #3300  
CITY-ST-ZIP CHICAGO IL 60602

TITLE HOLSTEN ☒ Change ☐ Addition  
NAME HOLSTEN  
STREET ADDRESS 120 N LASALLE SUITE 3300  
CITY-ST-ZIP CHICAGO IL 60602

TITLE V ☐ Delete  
NAME BATARMAN, THOMAS B  
STREET ADDRESS 120 N LASALLE #3300  
CITY-ST-ZIP CHICAGO IL 60602

TITLE BATARMAN ☒ Change ☐ Addition  
NAME BATARMAN  
STREET ADDRESS 120 N LASALLE SUITE 3300  
CITY-ST-ZIP CHICAGO IL 60602

TITLE VT ☐ Delete  
NAME ERLAIN, FRANK P  
STREET ADDRESS 120 N LASALLE #3300  
CITY-ST-ZIP CHICAGO IL 60602

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S ☐ Delete  
NAME HEMMER, DANIEL  
STREET ADDRESS 676 N MICHIGAN #4000  
CITY-ST-ZIP CHICAGO IL 60611

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)