

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807355

1. Entity Name

ENESCO GROUP, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90027 004 \*\*\*150.00

Principal Place of Business

Mailing Address

333 WESTERN AVENUE  
WESTFIELD MA 01085  
US

333 WESTERN AVENUE  
WESTFIELD MA 01085-2560  
US

2. Principal Place of Business

225 WINDSOR DR.

3. Mailing Address

225 WINDSOR DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ITASCA IL

City & State

ITASCA IL

Zip

Country

60143

USA

Zip

Country

60143

USA

4. FEI Number

04-1864170

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

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 ☐ Delete  
NAME D  
STREET ADDRESS HUTSELL, J.A.  
CITY-ST-ZIP 775 SUMMIT AVE.  
DEERFIELD IL 60015

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS KEIRSTEAD, ALLAN G.  
CITY-ST-ZIP 330 STARBOARD LN.  
OSTERVILLE FL 01040

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS JOHNSON, PETER  
CITY-ST-ZIP 26 STONE RIDGE DR.  
S. BARRINGTON IL 60010

TITLE ☒ Change ☐ Addition  
NAME H. Apple, ROBERT  
STREET ADDRESS 23326 N. PROVIDENCE DR.  
CITY-ST-ZIP Kildeer, IL 60047

TITLE ☐ Delete  
NAME P  
STREET ADDRESS HUTSELL, J.A.  
CITY-ST-ZIP 775 SUMMIT AVE.  
DEERFIELD IL 60015

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

TITLE ☐ Delete  
NAME V  
STREET ADDRESS JOHNSON, PETER  
CITY-ST-ZIP 26 STONE RIDGE DR.  
SOUTH BARRINGTON IL 60010

TITLE ☒ Change ☐ Addition  
NAME H. Apple, ROBERT  
STREET ADDRESS 23326 N. PROVIDENCE DR.  
CITY-ST-ZIP Kildeer, IL 60047

TITLE ☐ Delete  
NAME T  
STREET ADDRESS LEMASJEUR, J.  
CITY-ST-ZIP 9 EAST EAGLE ST.  
ARLINGTON HTS IL 60005

TITLE ☒ Change ☐ Addition  
NAME LEMASJEUR, J  
STREET ADDRESS 9 E. Emerson St.  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)