

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 818308

1. Entity Name

CENTRAL FLORIDA PIPELINE CORPORATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90203 016 \*\*\*150.00

Principal Place of Business

Mailing Address

500 W. MONROE ST.  
CHICAGO IL 60661-3676  
US

500 W. MONROE ST.  
CHICAGO IL 60661-3630  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1084277

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

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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	T	<input checked="" type="checkbox"/> Delete
NAME	<del>REEDY, T W</del>	
STREET ADDRESS	500 W. MONROE ST.	
CITY-ST-ZIP	CHICAGO IL 60661-3676	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZECH, R. H.	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	MUCKIAN, WILLIAM M.	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADRUKAITIS, A J	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL 76	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	DENNEY, E S	
STREET ADDRESS	500 WEST MONROE	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HASEK, W.J.	
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		
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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		

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

4/21/00

Date

(312) 621-6408

Daytime Phone #

CR2E034 (9/99)