

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 827475

1. Entity Name

DAVID SHERMAN CORPORATION

FILED

Feb 11, 2000 8:00 am  
Secretary of State

02-11-2000 90040 013 \*\*\*150.00

Principal Place of Business

Mailing Address

5050 KEMPER  
ST. LOUIS MO 63139  
US

5050 KEMPER  
ST. LOUIS MO 63139-1106  
US

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 43-0736473

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

DORAN, DON  
3409 HOLLYHOCK WAY  
TAMPA FL 33618

Name  
Street Address (P.O. Box Number is Not Acceptable)  
1440 Seagull Dr. S.  
City St. Petersburg FL Zip Code 33707

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

*Don P. Doran* Vice-President (Office location only)  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

1/18/00

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

TITLE	D	<input type="checkbox"/> Delete
NAME	LUX, PAUL A	
STREET ADDRESS	706 SPOEDE ROAD	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	PT	<input type="checkbox"/> Delete
NAME	LUX, DONN S	
STREET ADDRESS	34 HUNTLEIGH DOWNS	
CITY-ST-ZIP	ST. LOUIS MO	
TITLE	S	<input type="checkbox"/> Delete
NAME	COLEMAN, SUSAN J	
STREET ADDRESS	12300 RONNIE LANE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	SOUCY, STEPHEN P.	
STREET ADDRESS	2 MAPLELEAF LANE	
CITY-ST-ZIP	BELLEVILLE IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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 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

*Don P. Doran* Vice-President

Date

1/18/00

Daytime Phone #

314-772-2111