

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833510

1. Entity Name

H.G.L. CORPORATION, OF ILLINOIS'

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90117 011 ***150.00

Principal Place of Business

3808 GLEN OAKS MANOR
SARASOTA FL 34232
US

Mailing Address

3808 GLEN OAKS MANOR DRIVE
SARASOTA FL 34232-1006
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 36-6111203

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

LOWE, RICHARD M.
3808 GLEN OAKS MANOR DR.
SARASOTA FL 34232

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 STD
NAME LOWE, GLORIA
STREET ADDRESS 3808 GLEN OAKS MANOR DR
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE PD
NAME LOWE, RICHARD
STREET ADDRESS 3808 GLEN OAKS MANOR DR
CITY-ST-ZIP SARASOTA FL 34232 ☐ Delete

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

TITLE VP
NAME LOWE, DERRICK
STREET ADDRESS 1405 BEDFORD RD.
CITY-ST-ZIP HOFFMAN ESTATES IL 60195 ☐ Delete

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

TITLE D
NAME PITMAN, DEE LOWE
STREET ADDRESS 217 MARTINET #23
CITY-ST-ZIP LONDON ON N50-4P5 ☐ Delete

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

TITLE D
NAME LOWE, DOUGLAS
STREET ADDRESS 8985 NORMANDY BLVD
CITY-ST-ZIP JACKSONVILLE FL 32221 ☐ Delete

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

TITLE D
NAME LOWE, DARRELL
STREET ADDRESS P.O. BOX 181
CITY-ST-ZIP FOX RIVER GROVE IL 60021 ☐ Delete

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)(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:

Richard M. Lowe

RICHARD M. LOWE

4-3-2000

941-957-3228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

Date

Daytime Phone #