

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841193

1. Entity Name

ROBERT FORREST DESIGNERS, LTD., INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90030 001 ***158.75

Principal Place of Business Mailing Address
2770 N. SUMMIT AVE. 2770 N. SUMMIT AVE.
MILWAUKEE WI 53211 MILWAUKEE WI 53211-3854

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 39-1154026

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

WINDFELDER, CAROLE
500 PALM STREET
PALM BEACH, FL MH FL 33401

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

TITLE PD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE VD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE SD
NAME DAVIDSON, BARBARA
STREET ADDRESS 424 SEASPRAY AVE
CITY-ST-ZIP PALM BEACH FL 08 ☐ Delete

TITLE TD
NAME FORREST, ROBERT
STREET ADDRESS 500 PALM STREET #36
CITY-ST-ZIP PALM BEACH FL ☐ Delete

TITLE VP
NAME WINDFELDER, CAROLE
STREET ADDRESS 500 PALM ST 36
CITY-ST-ZIP W PALM BCH FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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

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

ROBERT FORREST

4/3/00

Date

414-962-7400

Daytime Phone #