

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 841522

1. Entity Name

LEEDS & NORTHRUP COMPANY

**FILED**  
**May 17, 2000 8:00 am**  
**Secretary of State**

05-17-2000 90900 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1 HIGH RIDGE PARK  
P.O. BOX 10010  
STAMFORD CT 06904  
US

P.O. BOX 3301  
MUSKEGON MI 49443-3301  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

700 Terrace Point Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Muskegon, MI

City & State

4. FEI Number

23-0795860

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

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 PD  
NAME CROSS, ARTHUR R  
STREET ADDRESS 700 TERRACE POINT DRIVE  
CITY-ST-ZIP MUSKEGON MT 49443 ☐ Delete

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

TITLE SD  
NAME KEARNEY, CHRISTOPHER J  
STREET ADDRESS 700 TERRACE POINT DRIVE  
CITY-ST-ZIP MUSKEGON MT 49443 ☐ Delete

TITLE VPS D  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE D  
NAME O'LEARY, PATRICK J  
STREET ADDRESS 700 TERRACE POINT DRIVE  
CITY-ST-ZIP MUSKEGON MT 49443 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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

Christopher Kearney 407/231-724-5000  
Date Daytime Phone #

CR2E034 (9/99)