

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 842488

1. Entity Name

SPRINGS WINDOW FASHIONS DIVISION, INC.

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90094 006 \*\*\*150.00

Principal Place of Business

Mailing Address

7549 GRABER ROAD  
MIDDLETON WI 53562

P. O. BOX 111, TAX DEPT.  
LANCASTER SC 29721-0111  
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

36-2998685

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

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 **P** ☒ Delete  
NAME **DEVEAREUX, LANCE**  
STREET ADDRESS **7549 GRABER ROAD**  
CITY-ST-ZIP **MIDDLETON WI**  
TITLE **VD** ☐ Delete  
NAME **SULLIVAN, ROBERT W.**  
STREET ADDRESS **205 N WHITE ST.**  
CITY-ST-ZIP **FORT MILL SC**

TITLE **President** ☐ Change ☐ Addition  
NAME **Ronald W. Zabel**  
STREET ADDRESS **7549 Graber Road**  
CITY-ST-ZIP **Middleton WI**  
TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **VSD** ☐ Delete  
NAME **DORSETT, C POWERS**  
STREET ADDRESS **205 N. WHITE ST.**  
CITY-ST-ZIP **FORT MILL SC**  
TITLE **VT** ☐ Delete  
NAME **ILARDO, SAMUEL J**  
STREET ADDRESS **205 N. WHITE ST.**  
CITY-ST-ZIP **FORT MILL SC**

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

TITLE **D** ☐ Delete  
NAME **KELBLEY, STEPHEN P**  
STREET ADDRESS **205 N. WHITE ST.**  
CITY-ST-ZIP **FT. MILL SC**  
TITLE **AT** ☐ Delete  
NAME **THEESFELD, TIMOTHY L**  
STREET ADDRESS **136 GRACE AVENUE HWY 9**  
CITY-ST-ZIP **LANCASTER SC**

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
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: *Timothy L. Theesfeld*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Treasurer

Timothy Theesfeld

04-14-00

Date

803/286-2321

Daytime Phone #

CR2E034 (9/99)