

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 845099

1. Entity Name

ANGELICA CORPORATION

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

05-17-2000 90955 008 \*\*\*150.00

Principal Place of Business  
424 SOUTH WOODS MILL ROAD  
CHESTERFIELD MO 63017  
US

Mailing Address  
424 SOUTHWOODS MILL ROAD  
CHESTERFIELD MO 63017-3431  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-0905260

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 ☐ Delete  
NAME S  
STREET ADDRESS FREY, STEVEN L  
CITY-ST-ZIP 424 S WOODMILL RD  
CHESTERFIELD MD 63017-3406

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS HARBISON JR. EARL H.  
CITY-ST-ZIP 424 S WOODS MILL RD  
CHESTERFIELD MO

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

TITLE ☒ Delete  
NAME V  
STREET ADDRESS BURNHAM, M. E.  
CITY-ST-ZIP 424 S WOODS MILL RD  
CHESTERFIELD FL

TITLE ☒ Change ☐ Addition  
NAME Denis R Raab  
STREET ADDRESS 424 S. Woods mill Rd  
CITY-ST-ZIP chesterfield, Mo 63017

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LOEWE, L F  
CITY-ST-ZIP 424 S WOODS MILL RD  
CHESTERFIELD MO

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS DON W HUBBLE  
CITY-ST-ZIP 424 S WOODS MILL RD  
CHESTERFIELD MO 63017

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

TITLE ☒ Delete  
NAME T  
STREET ADDRESS DEGNAN, T.M.  
CITY-ST-ZIP 424 S WOODS MILL RD  
CHESTERFIELD MO

TITLE ☒ Change ☐ Addition  
NAME T  
STREET ADDRESS Shaffer James W  
CITY-ST-ZIP 424 S. Woods mill Rd  
chesterfield, Mo 63017

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

Date

Daytime Phone #

CR2E034 (9/99)