

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90292 042 ***150.00

DOCUMENT # 849875

1. Entity Name

UNIVERSAL PENSIONS, INC.

Principal Place of Business

**431 GOLF COURSE DR NO
P.O. BOX 979
BRainerd MN 56401**

Mailing Address

**431 GOLF COURSE DR NO
P.O. BOX 979
BRainerd MN 56401**

00031828



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **41-1246679**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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, 2001 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 **D** ☐ Delete
NAME **KENNEBECK, ALAN**
STREET ADDRESS **501 7TH ST**
CITY-ST-ZIP **ROCKFORD IL 61110**

TITLE **O** ☐ Change ☒ Addition
NAME **Todd Headlee**
STREET ADDRESS **840 Timbers Road**
CITY-ST-ZIP **Nisswa, MN 56468**

TITLE **D** ☐ Delete
NAME **FLATEN, ALFRED N**
STREET ADDRESS **8957 GLEN EDEN LANE**
CITY-ST-ZIP **BROOKLYN PARK MN 55443**

TITLE **O** ☐ Change ☒ Addition
NAME **Cynthia Roggenkamp**
STREET ADDRESS **1023 Lendee Drive**
CITY-ST-ZIP **Nisswa, MN 56468**

TITLE **CTD** ☐ Delete
NAME **JOHNSON, ARNOLD S. (S)**
STREET ADDRESS **6160 BIRCHWOOD HILLS ROAD**
CITY-ST-ZIP **LAKESHORE MN**

TITLE **D** ☐ Change ☒ Addition
NAME **JoAnn Johnson**
STREET ADDRESS **8610 Birchwood Hills Rd**
CITY-ST-ZIP **Lakeshore, MN 56468**

TITLE **SV** ☐ Delete
NAME **O'ROURKE, PAMELA S**
STREET ADDRESS **15 KINGWOOD ST**
CITY-ST-ZIP **BRainerd MN 56401**

TITLE **D** ☐ Change ☒ Addition
NAME **Glen W. Hasse Jr.**
STREET ADDRESS **1407 Armstrong Road**
CITY-ST-ZIP **Northfield, MN 55057**

TITLE **VP** ☐ Delete
NAME **LAUER, DAVID M.**
STREET ADDRESS **569 GULL RIVER ROAD**
CITY-ST-ZIP **BRainerd MN**

TITLE **D** ☐ Change ☒ Addition
NAME **John H. Flittie**
STREET ADDRESS **13970 Oakland Place**
CITY-ST-ZIP **Minnetonka, MN 55305**

TITLE **P** ☐ Delete
NAME **ANDERSON, THOMAS G**
STREET ADDRESS **1970 CAMWOOD TRAIL S.**
CITY-ST-ZIP **BAXTER MN**

TITLE **D** ☐ Change ☒ Addition
NAME **Joan Scheid**
STREET ADDRESS **3396 Westover Lane**
CITY-ST-ZIP **Eau Claire, WI 54701**

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: *Thomas G. Anderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

4/14/01

Daytime Phone #

218-825-5000

CR2E034 (10/00)