

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90012 035 \*\*\*150.00

**DOCUMENT # F00000000253**

**1. Entity Name**  
**SAPPENFIELD MOTORS, INC.**

**Principal Place of Business**

**1985 RIVER OAKS DRIVE**  
**CALUMET CITY IL 60409**

**Mailing Address**

**1985 RIVER OAKS DRIVE**  
**CALUMET CITY IL 60409**

**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. FEI Number**

**36-3049033**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**NRAI SERVICES, INC.**  
**526 EAST PARK AVENUE**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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** \_\_\_\_\_ (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, 2002 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	<input type="checkbox"/> Delete
NAME	SAPPENFIELD, THOMAS D	
STREET ADDRESS	1985 RIVER OAKS DRIVE	
CITY-ST-ZIP	CALUMET CITY IL 60409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAPPENFIELD, THOMAS B	
STREET ADDRESS	1985 RIVER OAKS DRIVE	
CITY-ST-ZIP	CALUMET CITY IL 60409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAPPENFIELD, TIMOTHY J	
STREET ADDRESS	1985 RIVER OAKS DRIVE	
CITY-ST-ZIP	CALUMET CITY IL 60409	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SAPPENFIELD, ANDREW R	
STREET ADDRESS	1985 RIVER OAKS DRIVE	
CITY-ST-ZIP	CALUMET CITY IL 60409	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	LINDSTROM, KAREN	
STREET ADDRESS	1985 RIVER OAKS DRIVE	
CITY-ST-ZIP	CALUMET CITY IL 60409	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Y. SHORT	
STREET ADDRESS	4025 N. MAIN	
CITY-ST-ZIP	GAINESVILLE, FL 32609	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**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 (9/01)