

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 16, 2001 08:00 AM****Secretary of State****DOCUMENT # F00000002110**

1. Entity Name

LITTLE BROTHERS - FRIENDS OF THE ELDERLY, INC.

Principal Place of Business

954 W. WASHINGTON BLVD

CHICAGO
60607

IL

Mailing Address

954 W. WASHINGTON BLVD

CHICAGO
60607

IL

2. Principal Place of Business

954 W. WASHINGTON BLVD

3. Mailing Address

954 W. WASHINGTON BLVD

Suite, Apt. #, etc.

5TH FLOOR

Suite, Apt. #, etc.

5TH FLOOR

City & State

CHICAGO

IL

City & State

CHICAGO

IL

Zip

60607

Country

Zip

60607

Country

4. FEI Number

36-3315721

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentGUERRERO ALEJANDRO
5599 SW 8TH STREET

MIAMI

33134

US

FL

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 **ALEJANDRO GUERRERO****01/16/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	T	<input type="checkbox"/> Delete
NAME	CAULFIELD JOHN	
STREET ADDRESS	2 ABBEYFEALE	
CITY-ST-ZIP	OSWEGO IL 60543	
TITLE	S	<input type="checkbox"/> Delete
NAME	GORNIK MAUREEN WATZ	
STREET ADDRESS	909 WESTWIND	
CITY-ST-ZIP	LITTLE CANADA MN 55109	
TITLE	V	<input type="checkbox"/> Delete
NAME	CULEN STEPHEN	
STREET ADDRESS	5709 S. KILBOURN	
CITY-ST-ZIP	CHICAGO IL 60629	
TITLE	P	<input type="checkbox"/> Delete
NAME	PINTAR JAMES	
STREET ADDRESS	319 5TH STREET	
CITY-ST-ZIP	CALUMET MI 49913	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDDY JOHN	
STREET ADDRESS	5554 PLEASANT AVENUE	
CITY-ST-ZIP	MINNEAPOLIS MN 55419	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMETT WILLIAM	
STREET ADDRESS	5034 S. BLACKSTONE	
CITY-ST-ZIP	CHICAGO IL 60615	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Pintar**P****01/16/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)