

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91686 001 *****8.75
04-28-2003 91686 002 *****61.25

DOCUMENT # F00000002110

1. Entity Name

LITTLE BROTHERS - FRIENDS OF THE ELDERLY, INC.



Principal Place of Business

**954 W. WASHINGTON BLVD
5TH FLOOR
CHICAGO IL 60607**

Mailing Address

**954 W. WASHINGTON BLVD
5TH FLOOR
CHICAGO IL 60607**

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 **36-3315721**

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GUERRERO, ALEJANDRO
5599 SW 8TH STREET
MIAMI FL 33134**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Alejandro Guerrero

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

(NOTE: Registered Agent signature required when reinstating)

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **PINTAR, JAMES**
STREET ADDRESS **319 5TH STREET**
CITY-ST-ZIP **CALUMET MI 49913**

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

TITLE **V** ☐ Delete
NAME **ERCOLE, CHARLES**
STREET ADDRESS **1401 WALNUT STREET**
CITY-ST-ZIP **PHILADELPHIA PA 19102**

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

TITLE **S** ☐ Delete
NAME **PREMER, KATHLEEN**
STREET ADDRESS **621 E MAIN**
CITY-ST-ZIP **HART MI 49420**

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

TITLE **T** ☐ Delete
NAME **LEDDY, JOHN**
STREET ADDRESS **5554 PLEASANT AVENUE**
CITY-ST-ZIP **MINNEAPOLIS MN 55419**

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

TITLE **D** ☐ Delete
NAME **BECK, JULIE S**
STREET ADDRESS **44684 PARADISE ROAD**
CITY-ST-ZIP **CHASSEIL MI 49916**

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

TITLE **D** ☐ Delete
NAME **BORZO, NANCY B**
STREET ADDRESS **50 MOUNOS BLVD**
CITY-ST-ZIP **ST PAUL MN 55106**

TITLE ☐ Change ☐ 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)(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 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:

SIGNATURE REQUIRED

4/21-3

312-829-3055

CR2E037 (10/02)