

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000005528

1. Entity Name

ATG-GULF COAST, INC.

GULF COAST REHAB EQUIPMENT, INC. - NAME CHANGE

Principal Place of Business

184 SHUMAN BLVD., SUITE 200  
NAPERVILLE IL 60562

Mailing Address

184 SHUMAN BLVD., SUITE 200  
NAPERVILLE IL 60562

FILED ON 1/19/01

FILED  
Jun 05, 2001 8:00 am  
Secretary of State

06-05-2001 90029 049 \*\*\*550.00

00057601



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

184 SHUMAN BLVD.

3. Mailing Address

184 SHUMAN BLVD.

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

SUITE 130

City & State

NAPERVILLE, IL

City & State

NAPERVILLE, IL

Zip

60563

Country

USA

Zip

60563

Country

USA

4. FEI Number 36-4391413

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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!  
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

TITLE PD  
NAME FREEDMAN, MICHAEL B.  
STREET ADDRESS 1177 HIGH RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06905 ☐ Delete

TITLE VSTD  
NAME WALLACE, CHARLES R.  
STREET ADDRESS 1177 HIGH RIDGE ROAD  
CITY-ST-ZIP STAMFORD CT 06905 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE C/D/V  
NAME FREEDMAN, MICHAEL B.  
STREET ADDRESS 124 W. PUTNAM AV (40 GRAYSON & ASSOCIATES)  
CITY-ST-ZIP GREENWICH, CT 06830 ☒ Change ☐ Addition

TITLE D/V/S/T  
NAME WALLACE, CHARLES R.  
STREET ADDRESS 184 SHUMAN BLVD., STE. 130  
CITY-ST-ZIP NAPERVILLE, IL 60563 ☒ Change ☐ Addition

TITLE D/P  
NAME HARTMAN, JAMES A. JR.  
STREET ADDRESS 801 LAKESIDE DR.  
CITY-ST-ZIP MOBILE, AL 36693 ☐ Change ☒ Addition

TITLE V/D  
NAME CROW, HOWARD D.  
STREET ADDRESS 801 LAKESIDE DR.  
CITY-ST-ZIP MOBILE, AL 36693 ☐ Change ☒ Addition

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

TITLE ☐ Change ☐ 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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR

CHARLES R. WALLACE

6-1-01

630-369-5452

Date

Daytime Phone #

CR2E034 (10/00)