

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90426 020 \*\*\*158.75

**DOCUMENT # F00000006136**

1. Entity Name

**THE DURRANT GROUP, INC.**

Principal Place of Business  
**700 LOCUST STREET, STE 942**  
**DUBOUE IA 52001**

Mailing Address  
**700 LOCUST STREET, STE 942**  
**DUBOUE IA 52001**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUBOUE**

**DUBOUE**

Zip

Country

Zip

Country

4. FEI Number **42-1081135**

Applied For

Not Applicable

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

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

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 **PD** ☐ Delete  
 NAME **LOOPE, R. NICHOLAS**  
 STREET ADDRESS **426 NORTH 44TH ST., STE 330**  
 CITY-ST-ZIP **PHOENIX AZ**

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

TITLE **VSTD** ☐ Delete  
 NAME **MILLS, GORDON E**  
 STREET ADDRESS **700 LOCUST ST., STE 942**  
 CITY-ST-ZIP **DUBOUE IA**

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

TITLE **VD** ☐ Delete  
 NAME **BAKER, WILLIAM A**  
 STREET ADDRESS **3773 CHERRY CREEK N., DR. STE 1000**  
 CITY-ST-ZIP **DENVER CO**

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

TITLE **D** ☐ Delete  
 NAME **BISHOP, BARNEY A**  
 STREET ADDRESS **700 LOCUST ST., STE 942**  
 CITY-ST-ZIP **DUBOUE IA**

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

TITLE **D** ☐ Delete  
 NAME **GAGEN, ROBERT E**  
 STREET ADDRESS **426 NORTH 44TH ST., STE 300**  
 CITY-ST-ZIP **PHOENIX AZ**

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

TITLE **D** ☐ Delete  
 NAME **FLICKINGER, THOMAS F**  
 STREET ADDRESS **5126 W. TERRADE DR., STE 100**  
 CITY-ST-ZIP **MADISON WI**

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Gordon E Mills*

*3/7/01 (319) 583-9131*

Date Daytime Phone #

CR2E034 (10/00)