

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000006966

1. Entity Name

BUSINESS INFORMATION CORPORATION

Principal Place of Business

4535 W. SAHARA AVENUE, #204  
LAS VEGAS NV 89102

Mailing Address

4535 W. SAHARA AVENUE, #204  
LAS VEGAS NV 89102

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MCHENRY, RICHARD J  
927 HICKORY STREET  
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

Name

McHenry, Richard J.

Street Address (P.O. Box Number is Not Acceptable)

6924 E. ALOMA AVE

City

Winter Park

FL

Zip Code

32792

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

*Richard J. McHenry*

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

(NOT Registered Agent signature required when reinstating)

04/06/01

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

TITLE PSTD ☐ Delete  
NAME RUSSELL, ALAN  
STREET ADDRESS 4535 W. SAHARA AVE., STE 204  
CITY-ST-ZIP LAS VEGAS NV

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD ☒ Change ☐ Addition  
NAME McHenry, Richard J.  
STREET ADDRESS 6924 ALOMA AVE.  
CITY-ST-ZIP Winter Park, FL 32792

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

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

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

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 empowered.

SIGNATURE:

*Richard J. McHenry*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/01 702-933-4034

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0014663

CR2E034 (10/00)