

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90113 023 ***550.00

DOCUMENT # F01000003595

1. Entity Name

VON ALLMEN CAPITAL, INC. ✓

Principal Place of Business

~~9 ISLA BAH~~
 FT. LAUDERDALE FL ~~33316~~ 33394
 500 East Broward
 Suite 1800

Mailing Address

9 ISLA BAH
 FT. LAUDERDALE FL 33316

2. Principal Place of Business

500 East Broward
 Suite, Apt. #, etc.
 Suite 1800

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT LAUDERDALE

City & State

Zip

33394

Country

Zip

Country

4. FEI Number

43-1931778 **APPLIED FOR**

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

SIGNATURE Douglas J Von Allmen

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

7-9-02

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 US \$550.00
After September 13, 2002 Fee will be \$750.00
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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PSD
 VON ALLMEN, DOUGLAS J
 9 ISLA BAH
 FT. LAUDERDALE FL 33316 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 AS
 KAPLAN, PHILIP G
 168 NORTH MERAMEC, SUITE 400
 ST. LOUIS MO 63105 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-9-00 954-463-7699

Date

Daytime Phone #

CR2E034 (4/02)