## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # F76737** 1. Entity Name TANGERINE WOODS UTILITY CORP. 04-10-2000 90115 005 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 20247 P.O. BOX 20247 P.O. BOX 20247 BRANDENTON FL 34204-0247 BRADENTON FL 34204 635096 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2223556 $\theta_{-i}$ Not Applicable \$8.75 Additional Zip Country Zip Country\* 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 35°. RUSSELL, JEFFREY S Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH WASHINGTON BLVD SARASOTA FL 33577 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete ☐ Change Addition TITLE LIES. DAVID J NAME NAME STREET ADDRESS 2181 S FOSTER AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHEELING IL 60090 ☐ Change ☐ Addition Delete TITLE TITLE UPCHURCH, PAUL H NAME NAME STREET ADDRESS STREET ADDRESS 2181 S FOSTER AVE CITY-ST-ZIP CITY-ST-ZIP WHEELING IL 60090 ☐ Change Addition TITLE Delete TITLE JOHNSON, RONALD R NAME STREET ADDRESS P.O. BOX 20247 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BRADENTON FL 34204** ☐ Change Addition ☐ Delete TITLE TITLE JOHNSON, L ANN NAME STREET ADDRESS P.O. BOX 20247 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34204** CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE HANISCH, JEFFREY R. NAME NAME 2181 S FOSTER AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHEELING IL 60090 ☐ Delete ☐ Change ☐ Addition TITLE TITLE

13. I hereby certify that the information supplied with this filling 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 all address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNING OFFICER OR DIRECTOR

Daytime Phone #