

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90012 014 ***150.00

DOCUMENT # F92000000390

1. Entity Name

FRU-CON DEVELOPMENT CORPORATION

Principal Place of Business

**ATT. TAX DEPT.
P.O. BOX 100
BALLWIN MO 63022-0100
US**

Mailing Address

**ATT. TAX DEPT.
P.O. BOX 100
BALLWIN MO 63022-0100
US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

43-1541097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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!!! FEE IS \$150.00
After May 1, 2002 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** ☐ Delete
NAME **JAEL, MATTI**
STREET ADDRESS **14635 SCHOETTLER MANOR COURT**
CITY-ST-ZIP **CHESTERFIELD MO 63017**

TITLE **V** ☐ Delete
NAME **MALOOF, RICHARD**
STREET ADDRESS **15933 CLAYTON RD.**
CITY-ST-ZIP **BALLWIN MO 63011**

TITLE **S** ☐ Delete
NAME **RUZICKA, JR., LEONARD R**
STREET ADDRESS **1947 SUNNY DR**
CITY-ST-ZIP **KIRKWOOD MO 63122**

TITLE **D** ☐ Delete
NAME **SANDERSON, PETER**
STREET ADDRESS **333 VINE ST**
CITY-ST-ZIP **DENVER CO**

TITLE **V** ☐ Delete
NAME **ZEHNER, ARNIE**
STREET ADDRESS **15933 CLAYTON ROAD**
CITY-ST-ZIP **BALLWIN MO 63011**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 **ZEHNER, ARNIE**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **James Faber**
CITY-ST-ZIP **1262 Red Oak Plantation**
Ballwin, MO 63021

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

Date

Daytime Phone #

CR2E034 (9/01)