

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**  
 04-07-2001 90027 042 \*\*\*150.00

0600569

**DOCUMENT # F93000001846**

1. Entity Name

**PEORIA FORREST HILL DEVELOPMENT COMPANY**

Principal Place of Business

**1200 RIVER VALLEY PLAZA  
 PEORIA IL 61602**

Mailing Address

**3225 NORTH DRIES LANE  
 PEORIA IL 61604  
 US**

2. Principal Place of Business

**3225 N. DRIES LANE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PEORIA, IL**

City & State

Zip

**61604**

Country

**US**

Country

4. FEI Number

**37-0969560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**GRAVES, JEFFREY P  
 1277 KINGSWAY ROAD  
 BRANDON FL 33510**

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, 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	DP	<input type="checkbox"/> Delete
NAME	BECKER, DONNA J	
STREET ADDRESS	125 S.W. JEFFERSON STREET	
CITY-ST-ZIP	PEORIA IL 61602	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	BECKER, G. RAYMOND	
STREET ADDRESS	123 S.W. JEFFERSON STREET	
CITY-ST-ZIP	PEORIA IL 61602	
TITLE	DS	<input type="checkbox"/> Delete
NAME	LANZOTTI, BILL A	
STREET ADDRESS	3648 SANDIA DR	
CITY-ST-ZIP	PEORIA IL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:** SEC/TREAS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/01 2309 681-1112

CR2E034 (10/00)