

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001856

1. Entity Name
THE GEORGE F CRAM COMPANY INCORPORATED

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90042 043 ***150.00

Principal Place of Business
301 S. LASALLE ST.
INDIANAPOLIS IN 46201

Mailing Address
301 S. LASALLE ST.
INDIANAPOLIS IN 46201-4336

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 35-0252470

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EARLEY, JAMES
3188 N.W. 118TH LN.
CORAL SPRING FL 33065

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]

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MYERS, CURTIS	
STREET ADDRESS	1487 MAYNARD ST	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	CP	<input type="checkbox"/> Delete
NAME	DOUTHIT, WILLIAM	
STREET ADDRESS	320 PEBBLE BRK. CIR.	
CITY-ST-ZIP	NOBLESVILLE IN	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	DOUTHIT, JOHN	
STREET ADDRESS	321 WELLINGTON WAY	
CITY-ST-ZIP	NOBLESVILLE IN	
TITLE	C	<input checked="" type="checkbox"/> Delete
NAME	MYERS, CURTIS	
STREET ADDRESS	1487 MAYNARD DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN	
TITLE	CVP	<input type="checkbox"/> Delete
NAME	LAUCK, GARY	
STREET ADDRESS	1228 ROSENGARTEN LANE	
CITY-ST-ZIP	GREENWOOD IN	
TITLE	CT	<input type="checkbox"/> Delete
NAME	LAUCK, TOM	
STREET ADDRESS	8868 CLASSIC VIEW DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillip McDaniel	
STREET ADDRESS	9146 Haverstick Rd	
CITY-ST-ZIP	Indianapolis IN 46240	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Russell	
STREET ADDRESS	2815 Sheffield Dr	
CITY-ST-ZIP	Indianapolis IN 46229	
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		

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 10 2000

3176355564

Date

Daytime Phone #

CR2E034 (9/99)