

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F93000002017**

1. Corporation Name

URCO, INC.

Principal Place of Business

**100 PEABODY PL
STE 1400
MEMPHIS TN 38103
US**

Mailing Address

**100 PEABODY PL
STE 1400
MEMPHIS TN 38103
US**

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90164 010 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

62-1298650

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 **25**

29 **30**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELZ, JACK A	
STREET ADDRESS	530 OAK COURT DR. #300	
CITY-ST-ZIP	MEMPHIS TN 38187-1199	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GROVEMAN, ANDY	
STREET ADDRESS	530 OAK COURT, #300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELZ, MARTIN S	
STREET ADDRESS	530 OAK COURT DR. #300	
CITY-ST-ZIP	MEMPHIS TN 38187-1199	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BELZ, RONALD A	
STREET ADDRESS	530 OAK COURT, #300	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HANOVER, JEROME H	
STREET ADDRESS	530 OAK COURT DR. #300	
CITY-ST-ZIP	MEMPHIS TN 38187-1199	
TITLE	VDST	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JIMMIE D	
STREET ADDRESS	530 OAK COURT DR. #300	
CITY-ST-ZIP	MEMPHIS TN 38187-1199	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100 Peabody Place #1400
1.4 CITY-ST-ZIP	Memphis, TN 38103
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	100 Peabody Place Ste 1400
2.4 CITY-ST-ZIP	Memphis TN 38103
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	100 Peabody Place Ste 1400
3.4 CITY-ST-ZIP	Memphis TN 38103
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	100 Peabody Place Ste 1400
4.4 CITY-ST-ZIP	Memphis TN 38103
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	100 Peabody Place Ste 1400
5.4 CITY-ST-ZIP	Memphis TN 38103
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	100 Peabody Place Ste 1400
6.4 CITY-ST-ZIP	Memphis TN 38103

14. 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 annual report or supplemental annual 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 12 or Block 13 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 (11/98)