

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 31, 2000 8:00 am**  
**Secretary of State**

05-31-2000 90006 015 \*\*\*550.00

00058469



DO NOT WRITE IN THIS SPACE

**DOCUMENT # F93000002017**

1. Entity Name

URCO, INC.

Principal Place of Business

Mailing Address

100 PEABODY PL  
 STE 1400  
 MEMPHIS TN 38103  
 US

100 PEABODY PL  
 STE 1400  
 MEMPHIS TN 38103-3648  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1298650

Applied For

Not Applicable

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

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

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, 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	PD	<input type="checkbox"/> Delete
NAME	BELZ, JACK A	
STREET ADDRESS	100 PEABODY PL #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROVEMAN, ANDY	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELZ, MARTIN S	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BELZ, RONALD A	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HANOVER, JEROME H	
STREET ADDRESS	100 PEABODY PLACE 31400	
CITY-ST-ZIP	MEMPHIS TN 38103	
TITLE	VDST	<input type="checkbox"/> Delete
NAME	WILLIAMS, JIMMIE D	
STREET ADDRESS	100 PEABODY PLACE #1400	
CITY-ST-ZIP	MEMPHIS TN 38103	

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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/22/00

Date

1-901-767-4780

Daytime Phone #

CR2E034 (9/99)