

2000 UNIFORM BUSINESS REPORT (UBR)

3/

DOCUMENT # F93000003747

1. Entity Name

AMERICAN BOOK DISPLAY COMPANY, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 045 ***150.00

Principal Place of Business

Mailing Address

7373 NORTH CICERO AVE.
LINCOLNWOOD IL 60646

7373 NORTH CICERO AVE.
LINCOLNWOOD IL 60712-1613

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

36-3842842

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

FREEMAN, YALE T
7900 RED RD., STE. 9
SOUTH MIAMI FL 33143

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 ☐

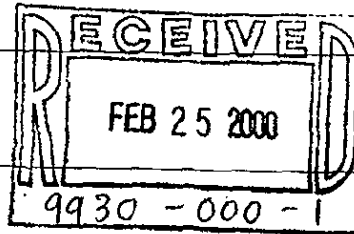
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CDP	<input type="checkbox"/> Delete
NAME	WEBER, LOUIS	
STREET ADDRESS	7373 NORTH CICERO AVENUE	
CITY - ST - ZIP	LINCOLNWOOD IL 60646	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MADDRELL, RICHARD	
STREET ADDRESS	7373 NORTH CICERO AVENUE	
CITY - ST - ZIP	LINCOLNWOOD IL 60646	
TITLE	VFF	<input checked="" type="checkbox"/> Delete
NAME	BARTISAN, DAVE	
STREET ADDRESS	7373 NORTH CICERO AVE.	
CITY - ST - ZIP	LINCOLNWOOD IL 60646	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	COYLE, JEFFERY	
STREET ADDRESS	7373 NORTH CICERO AVE.	
CITY - ST - ZIP	LINCOLNWOOD FL 60646	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	01-FLORID	<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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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
NAME		
STREET ADDRESS		
CITY - ST - ZIP		



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 (9/99)