

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002176

1. Entity Name

TRI - STATE RESTAURANTS, INC.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90097 001 ***150.00

Principal Place of Business

Mailing Address

701 LEE ST
STE 1000
DES PLAINES IL 60016
US

701 LEE ST
STE 1000
DES PLAINES IL 60016-4555
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3963885

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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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	BAERENKLAU, ALAN H	
STREET ADDRESS	430 N. WESTERN AVE	
CITY-ST-ZIP	LAKE FOREST FL 60045	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BURY, JUDITH A	
STREET ADDRESS	888 7TH AVE STE 3400	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BINNS, ANNE	
STREET ADDRESS	2028 STANTON COURT	
CITY-ST-ZIP	ARLINGTON IL 60004	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	GERHART, RICHARD	
STREET ADDRESS	4 QUEENS WAY	
CITY-ST-ZIP	LINCOLNSHIRE FL 60069	
TITLE	VPAS	<input checked="" type="checkbox"/> Delete
NAME	BRANDT, ROBERT	
STREET ADDRESS	34453 N. TANGUERAY DR	
CITY-ST-ZIP	GRAYSLAKE IL 60030	
TITLE	CFOD	<input type="checkbox"/> Delete
NAME	MUELLER, KURT M.	
STREET ADDRESS	1009 ASHLAND	
CITY-ST-ZIP	WILMETTE IL 60091	

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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blane P Evans	
STREET ADDRESS	701 Lee Street Suite 1000	
CITY-ST-ZIP	Des Plaines IL 60016	
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:

Blane P Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

(847) 803-1200

Daytime Phone #

CR2E034 (9/99)