

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000004509

1. Entity Name

LINKAGE OF ILLINOIS, INC.

Principal Place of Business

576 W. COCONUT AVE
GOODLAND FL 33933

Mailing Address

PO BOX 532
GOODLAND FL 34140-0532

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-2996978

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

CARTER, RONNA
576 W. COCONUT AVE
GOODLAND FL 34140

Name CARTER, ANNA

Street Address (P.O. Box Number is Not Acceptable)
576 W COCONUT AVE

City GOODLAND FL Zip Code 34140

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

Anna Carter

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

(NOTE: Registered Agent signature required when reinstating)

Jan 20 / 00

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 NAME STREET ADDRESS CITY-ST-ZIP	CP CARTER, JOHN 576 W. COCONUT AVE GOODLAND FL 33933	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GOODLAND FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCVS CARTER, RONNA 576 W. COCONUT AVE GOODLAND FL 33933	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VCVS CARTER, ANNA 576 W COCONUT AVE GOODLAND, FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARTER, RONNA 576 W. COCONUT AVE GOODLAND FL 33933	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T CARTER ANNA 576 W COCONUT AVE GOODLAND FL 34140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, FIA 210 N. FRONTAGE CLARENDON HILLS IL 60514	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D CARTER, FIA 8229 ELLSWORTH PLACE MERRILLVILLE, IN 46410
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

JOHN CARTER

Date

3/14/00

Daytime Phone #

941-662-0510

FILED
Mar 17, 2000 8:00 am
Secretary of State

03-17-2000 90044 034 ***150.00

LUUJZ17



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)