

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000005120

1. Entity Name

LAMPLIGHT FARMS INCORPORATED

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90028 045 ***550.00

Principal Place of Business

Mailing Address

N. LILLY RD.
FALLS WI 53051

4900 N. LILLY RD.
MENOMONEE FALLS WI 53051

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 39-1039632

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

GUNTHER, LOUIS E
2230 GILLIS CT.
MAITLAND FL 32751

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. DELETED OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME TENDICK, J. MICHAEL
STREET ADDRESS 36082 N. BEACH RD.
CITY-ST-ZIP OCONOMOWOC WI 53066

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME RISCH, THOMAS J
STREET ADDRESS 900 S. APPLE TREE LN.
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME TENDICK, ROSEMARY
STREET ADDRESS 3685 EMERWOOD DR.
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME KISIELEWSKI, LOUIS J
STREET ADDRESS 13400 W. FOREST DR.
CITY-ST-ZIP NEW BERLIN WI 53151

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME TENDICK, DONALD W SR
STREET ADDRESS 3685 EMERWOOD DR.
CITY-ST-ZIP BROOKFIELD WI 53005

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Date

Daytime Phone #

CR2E034 (9/99)