

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000000661

1. Entity Name

MUSCO SPORTS LIGHTING, INC.

Principal Place of Business

2107 STEWART ROAD
MUSCATINE IA 52761

Mailing Address

2107 STEWART ROAD
MUSCATINE IA 52761-5934

2. Principal Place of Business

3. Mailing Address

100 1st Avenue West

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Oskaloosa, IA

Zip Country Zip Country
52577 Mahaska

4. FEI Number 42-1320717

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

THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 ☐ Delete
NAME CROOKHAM, JOE P
STREET ADDRESS 100 1ST AVE., WEST BOX 808
CITY-ST-ZIP OSKALOOSA IA

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

TITLE V ☐ Delete
NAME CROOKHAM-JOHNSON, DIANE
STREET ADDRESS 100 1ST AVE W BOX 808
CITY-ST-ZIP OSKALOOSA IA 52577

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

TITLE T ☐ Delete
NAME HYLAND, CHRISTOPHER
STREET ADDRESS 100 1ST AVENUE WEST
CITY-ST-ZIP OSKALOOSA IA

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

TITLE CD ☐ Delete
NAME GORDIN, MYRON K
STREET ADDRESS 100 1ST AVE., WEST BOX 808
CITY-ST-ZIP OSKALOOSA IA

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

TITLE S ☐ Delete
NAME HANSEN, JAMES M
STREET ADDRESS 100 1ST AVE., WEST BOX 808
CITY-ST-ZIP OSKALOOSA IA

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

TITLE V ☐ Delete
NAME FERREIRA, LUANN
STREET ADDRESS 2107 STEWART ROAD
CITY-ST-ZIP MUSCATINE IA

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: *James M. Hansen* James M. Hansen, Secretary 4/25/00 515 673-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90107 012 ***150.00



DO NOT WRITE IN THIS SPACE

CR 104 (0/0/0)