

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001857

1. Entity Name

LIFELINK CHILD AND FAMILY SERVICES CORPORATION

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90025 028 ****70.00

Principal Place of Business

Mailing Address

331 S. YORK ROAD
BENSENVILLE IL 60106
US

331 S. YORK ROAD
BENSENVILLE IL 60106-2673
US

902423



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

201 MONTGOMERY AVE

3. Mailing Address

201 MONTGOMERY AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA FL.

City & State

4. FEI Number

36-3487477

Applied For

Not Applicable

Zip

34243

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

LEONARD, LIZA

1091 S. EUCLID 201 MONTGOMERY AVE
SARASOTA FL 34237-8124 SARASOTA, FL 34243

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

Liza Leonard LIZA LEONARD

1/6/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME MEYER, MARLYN
STREET ADDRESS 222 W. MAPLE
CITY-ST-ZIP LOMBARD IL 60148

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 248 E WASHINGTON
CITY-ST-ZIP LOMBARD IL. 60148

TITLE ☐ Delete
NAME MINNICK, SUSAN S
STREET ADDRESS 440 WAGNER ROAD
CITY-ST-ZIP NORTHFIELD IL 60093

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

TITLE ☐ Delete
NAME BERGSTRAESSER, EDWARD T
STREET ADDRESS 312 KIENILWORTH
CITY-ST-ZIP OAK PARK IL 60302

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

TITLE ☐ Delete
NAME ZIMMERMAN, CARL REV
STREET ADDRESS 331 S YORK RD
CITY-ST-ZIP BIENSIENVILLE IL 60106

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

TITLE ☐ Delete
NAME RHODES, TIMOTHY T
STREET ADDRESS 1918 COACH RD
CITY-ST-ZIP NAPERVILLE IL 60565

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

TITLE ☒ Delete
NAME MANOR, LISA
STREET ADDRESS 1732 N 74TH AVENUE
CITY-ST-ZIP ELMWOOD PARK IL

TITLE ☒ Change ☐ Addition
NAME TOM NOESSEN
STREET ADDRESS 1237 MANDEL
CITY-ST-ZIP WILSTONCHASTAR, IL. 60154

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed; or on an attachment with an address, with all other like empowered.

SIGNATURE:

TOM NOESSEN TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/6/00 (630) 521-8028

CR2E037 (9/99)