

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005559

1. Entity Name

HERZING INSTITUTES, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90088 004 ***158.75

Principal Place of Business

Mailing Address

161 W WISCONSIN AVE #5013
MILWAUKEE WI 53203

161 W WISCONSIN AVE #5013
MILWAUKEE WI 53203-2602

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 39-1040865

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

PAYNE, CARMEN
HERZING INSTITUTES
1201 U.S. HWY 1 #325
N PALM BCH FL 33408

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	DCPT	<input type="checkbox"/> Delete
NAME	HERZING, HENRY G	
STREET ADDRESS	15 CAYMAN PL	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERZING, SUZANNE	
STREET ADDRESS	15 CAYMAN PL	
CITY-ST-ZIP	PALM BCH GARDENS FL 33418	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROOTHAM, WILLIAM	
STREET ADDRESS	710 E FAIRY CHASM RD	
CITY-ST-ZIP	MILWAUKEE WI 53217	
TITLE	V	<input type="checkbox"/> Delete
NAME	AVEN, SAM	
STREET ADDRESS	61 TURNER RD	
CITY-ST-ZIP	PEARL RIVER NY 10965	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRZECZKOWSKI, DAVID. P	
STREET ADDRESS	N79 W28227 TOURMALINE CT	
CITY-ST-ZIP	HARTLAND WI 53029	
TITLE		<input type="checkbox"/> Delete
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1718 144 Place S.E.	
CITY-ST-ZIP	Mill Creek, WA 98012	
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		

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] CPA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/2000

Date

(414) 271-8103

Daytime Phone #

CR2E034 (9/99)