

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000005696

1. Entity Name

PINNACLE CORPORATION OF CENTRAL FLORIDA

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90049 026 ***150.00

Principal Place of Business

4 WESTBROOK CORP. CTR.
SUITE 500
WESTCHESTER IL 60154
US

Mailing Address

4 WESTBROOK CORP. CTR.
SUITE 500
WESTCHESTER IL 60154
US

00000000

2. Principal Place of Business

1806 Highland Ave
Suite, Apt. #, etc.

3. Mailing Address

1806 Highland Ave.
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Lombard, IL

City & State

Lombard, IL

Zip

60148

Country

Zip

60148

Country

4. FEI Number

59-3362645

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRENNAN, PETER J
599 CELEBRATION PLACE
SUITE B
CELEBRATION FL 34747

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SEYFARTH, EILEEN	
STREET ADDRESS	4 WESTBROOK CORP CT	
CITY-ST-ZIP	WESTCHESTER IL 60154	
TITLE	CV	<input type="checkbox"/> Delete
NAME	RYAN, MICHAEL J	
STREET ADDRESS	4 WESTBROOK CORP CT	
CITY-ST-ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS E	
STREET ADDRESS	4 WESTBROOK CORP CTR	
CITY-ST-ZIP	WESTCHESTER IL 60154	
TITLE	DS	<input type="checkbox"/> Delete
NAME	ROONEY, THERESE M	
STREET ADDRESS	4 WESTBROOK CORP CTR	
CITY-ST-ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	COFFEY, DONNA	
STREET ADDRESS	4 WESTBROOK CORP CTR	
CITY-ST-ZIP	WESTCHESTER IL 60154	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUDDIG, MARY	
STREET ADDRESS	4 WESTBROOK CORP CTR	
CITY-ST-ZIP	WESTCHESTER IL 60154	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1806 Highland Ave	
CITY-ST-ZIP	Lombard, IL, 60148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1806 Highland Ave	
CITY-ST-ZIP	Lombard, IL, 60148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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NAME		
STREET ADDRESS	1806 Highland Ave	
CITY-ST-ZIP	Lombard, IL, 60148	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1806 Highland Ave	
CITY-ST-ZIP	Lombard, IL, 60148	

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

4-23-01

Date

Daytime Phone #

CR2E034 (10/00)

0831679