

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001724

1. Entity Name

INSTANT WEB, INC.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90008 014 ***150.00

Principal Place of Business

Mailing Address

7951 POWERS BLVD
CHANHASSEN MN 55317

7951 POWERS BLVD
CHANHASSEN MN 55317-9502

2. Principal Place of Business

3. Mailing Address

1000 PARK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
CHANHASSEN, MN

4. FEI Number

41-0946762

Applied For

Not Applicable

Zip

Country

Zip

Country

55317

USA

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

BEDDOR, FRANK
4400 GULF SHORE BLVD N. #602
NAPLES FL 34103

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 C ☒ Delete
NAME CARLSON, E JEROME
STREET ADDRESS 6950 GALPIN LAKE RD
CITY-ST-ZIP EXCELSIOR MN 55331

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

TITLE D ☐ Delete
NAME BEDDOR, FRANK JR
STREET ADDRESS 4400 GULF SHORE BOULEVARD NORTH
CITY-ST-ZIP NAPLES FL 34103

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

TITLE D ☐ Delete
NAME BEDDOR, MICHELLE M
STREET ADDRESS 469 SOUTH CONVENT AVENUE #2
CITY-ST-ZIP TUCSON AZ 85701

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

TITLE CEO ☐ Delete
NAME ANDERSON, JAMES N
STREET ADDRESS 6456 SMITHTOWN RD
CITY-ST-ZIP EXCELSIOR MN 55331

TITLE ☒ Change ☐ Addition
NAME ANDERSEN, JAMES N
STREET ADDRESS 1000 PARK ROAD
CITY-ST-ZIP CHANHASSEN, MN 55317

TITLE EVP ☒ Delete
NAME BLOSS, BRADLEY H
STREET ADDRESS 5170 HOWARDS POINT RD
CITY-ST-ZIP SHOREWOOD MN 55331

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

TITLE CFO ☐ Delete
NAME KARLE, PETE
STREET ADDRESS 8820 INVERNESS TERR
CITY-ST-ZIP BROOKLYN PK MN 55443

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1000 PARK ROAD
CITY-ST-ZIP CHANHASSEN, MN 55317

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)