

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002710

1. Entity Name
BVA CO-OP, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90066 034 ***150.00

Principal Place of Business
800 WEST CENTRAL RD.
MT. PROSPECT IL 60056

Mailing Address
800 WEST CENTRAL RD.
MT. PROSPECT IL 60056-2382



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-2706087		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 _____ (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. ☐ **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	VP	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KMAHT, JAMES			NAME	JEFF SMITH		
STREET ADDRESS	800 CENTRAL			STREET ADDRESS	800 W CENTRAL		
CITY-ST-ZIP	MT. PROSPECT IL 60056			CITY-ST-ZIP	MT PROSPECT IL 60056		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOTNER, HAL			NAME	WHENNEN THOMAS		
STREET ADDRESS	800 CENTRAL			STREET ADDRESS	800 W. CENTRAL		
CITY-ST-ZIP	MT. PROSPECT IL 60056			CITY-ST-ZIP	MT. PROSPECT IL 60056		
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	TRS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITEACRE, WILLIAM SR			NAME	STEIN MARK		
STREET ADDRESS	800 W. CENTRAL RD.			STREET ADDRESS	800 W. CENTRAL		
CITY-ST-ZIP	MT. PROSPECT IL 60056			CITY-ST-ZIP	MT. PROSPECT IL 60056		
TITLE	TRS	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHENNEN, TOM JR			NAME			
STREET ADDRESS	800 W. CENTRAL RD.			STREET ADDRESS			
CITY-ST-ZIP	MT. PROSPECT IL 60056			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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 Dennis A Quinn ACCOUNTANT 5/1/2000 847-398-2244

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)