

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 01, 2002 8:00 am  
Secretary of State

04-02-2002 90080 048 \*\*\*150.00

DOCUMENT # **F960000002710**  
1. Entity Name  
B.V.A. CO-OP INC.

DO NOT WRITE IN THIS SPACE

20310

2. Principal Place of Business  
415 W GOLF ROAD  
Suite, Apt. #, etc.  
City & State  
ARLINGTON HEIGHTS IL  
Zip  
60005  
Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip  
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number  
36-2706087  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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7. Name and Address of Current 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

BUSINESS MANAGER

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) ☐

January 1st Fee is \$150.00  
After May 1st Fee is \$550.00  
Amended UBR is \$61.25  
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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
WHENNEN, THOMAS  
415 W GOLF RD  
ARLINGTON HEIGHTS IL 60005

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
SMITH, JEFF  
415 W GOLF RD  
ARLINGTON HEIGHTS IL 60005

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TREASURER  
STEIN, MARK  
415 W GOLF RD  
ARLINGTON HEIGHTS IL 60005

TITLE  
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CITY - ST - ZIP

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Whennen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-02

Date

(847)  
364-2244

Daytime Phone #

