

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 18, 2003 8:00 am
Secretary of State

02-18-2003 90092 001 ****61.25

DOCUMENT # F97000003195

1. Entity Name

FRED & JEAN ALLEGRETTI FOUNDATION, INC.



Principal Place of Business

**THOMAS BUCARO, 53 W. JACKSON, STE 905
CHICAGO IL 60604**

Mailing Address

**THOMAS BUCARO, 53 W. JACKSON, STE 905
CHICAGO IL 60604**

2. Principal Place of Business

**JAMES ALLEGRETTI
5069 Shoreline Rd.**

3. Mailing Address

5069 Shoreline Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BARRINGTON IL.

City & State

Zip

Country

60010 USA

Zip

Country

4. FEI Number **36-4110761**

Applied For

Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☐ Delete
NAME **ALLEGRETTI, JEAN**
STREET ADDRESS **158 ALGONQUIN**
CITY-ST-ZIP **BARRINGTON IL 60010**

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

TITLE **VD** ☒ Delete
NAME **PIONKE, ANN**
STREET ADDRESS **4857 NORTH LEONARD**
CITY-ST-ZIP **NORRIDGE IL 60656**

TITLE **VD** ☐ Change ☒ Addition
NAME **JAMES ALLEGRETTI**
STREET ADDRESS **213 WESTGATE**
CITY-ST-ZIP **WOODSTOCK IL 60098**

TITLE **SD** ☒ Delete
NAME **BUCARO, THOMAS**
STREET ADDRESS **6311 WEST HENDERSON**
CITY-ST-ZIP **CHICAGO IL 60634**

TITLE **SD** ☐ Change ☒ Addition
NAME **CAROL ALLEGRETTI**
STREET ADDRESS **213 WESTGATE**
CITY-ST-ZIP **WOODSTOCK IL 60098**

TITLE **TD** ☐ Delete
NAME **NOLFI, JOSEPH**
STREET ADDRESS **10515 W GRAND**
CITY-ST-ZIP **PALOS PARK IL 60464-1587**

TITLE **TD** ☒ Change ☐ Addition
NAME **NOLFI, Joseph**
STREET ADDRESS **10515 W. GRAND AVE**
CITY-ST-ZIP **MELOSE PARK, IL 60164**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **(X) Signature Required**

2/12/2003 847-304-5000

CR2E037 (10/02)