

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005717

1. Entity Name

FITCH-FITZGERALD, INC.

FILED
Feb 23, 2000 8:00 am
Secretary of State

02-23-2000 90005 031 ***150.00

Principal Place of Business

Mailing Address

2501 CHATHAM RD. SUITE 310
SPRINGFIELD IL 62704-4188

2501 CHATHAM RD. SUITE 310
SPRINGFIELD IL 62704-7112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

37-1239681

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DRACH, ROBERT F
776 CURTISWOOD DR
KEY BISCAYNE FL 33149

Name

Drach, Robert F.

Street Address (P.O. Box Number is Not Acceptable)

110 Southwest 26th Road

City

Miami

FL

Zip Code

33129

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 **P** ☐ Delete
NAME **FITZGERALD, GLEN E A.I.A.**
STREET ADDRESS **2501 CHATHAM RD, SUITE 310**
CITY-ST-ZIP **SPRINGFIELD IL 62704-4188**

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

TITLE **ST** ☐ Delete
NAME **FITCH, WILLIAM E P.E.**
STREET ADDRESS **2501 CHATHAM RD, SUITE 310**
CITY-ST-ZIP **SPRINGFIELD IL 62704-4188**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

William E Fitch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)