

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 05, 2000 8:00 am
Secretary of State

09-05-2000 90028 043 ***550.00

DOCUMENT # F97000005978

1. Entity Name

ULTRA STORES, INC.

Principal Place of Business

29 E. MADISON ST., STE. 1800
CHICAGO IL 60602

Mailing Address

29 E. MADISON ST., STE. 1800
CHICAGO IL 60602

2. Principal Place of Business

122 S. Michigan Ave

Suite, Apt. #, etc.

800

3. Mailing Address

122 S. Michigan Ave

Suite, Apt. #, etc.

800

City & State

Chicago IL

City & State

Chicago, IL

Zip

60603

Country

US

Zip

60603

Country

USA

4. FEI Number

36-3767833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY RD.
TALLAHASSEE FL 32311

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	BERLIN, JOSEPH	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAGGERTY, WILLIAM IV	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANDLER, THOMAS	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEGEL, STEVEN	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MARKS, DANIEL H	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHOEPHOESTER, DANIEL J	
STREET ADDRESS	29 E. MADISON ST., STE. 1800	
CITY-ST-ZIP	CHICAGO IL 60602	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Berlin, Joseph	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago IL 60603	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Haggerty, William IV	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago IL 60603	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Handler, Thomas	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago, IL 60603	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Spiegel, Steven	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago, IL 60603	
TITLE	PCEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marks, Daniel H	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago, IL 60603	
TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoephoester, Daniel J	
STREET ADDRESS	122 S. Michigan Ave Ste 800	
CITY-ST-ZIP	Chicago IL 60603	

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 other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (5/00)