

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000006060

1. Entity Name

WINDOLPH REALTY CO., INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90029 049 ***150.00

Principal Place of Business

Mailing Address

57 WHITE OAK CIRCLE
ST CHARLES IL 60174

57 WHITE OAK CIRCLE
ST CHARLES IL 60174-4164

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 13-1477980

Applied For

Not Applicable

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

STRAWN, JOEL T
54 N.E. 4TH AVENUE
DELRAY BEACH FL 33483

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 \$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	PCD	☐ Delete
NAME	BROEK, HOWARD W	
STREET ADDRESS	57 WHITE OAK CIRCLE	
CITY-ST-ZIP	ST CHARLES IL	
TITLE	VD	☐ Delete
NAME	GENTILE, GILLIAN	
STREET ADDRESS	67 WHITE OAK CIRCLE 7300 Briarwood St	
CITY-ST-ZIP	ST CHARLES IL 60103	
TITLE	ST	☐ Delete
NAME	SCHNELL, JENNIFER	
STREET ADDRESS	57 WHITE OAK CIRCLE 6N066 Hillside Av.	
CITY-ST-ZIP	ST CHARLES IL 60175	
TITLE	VD	☐ Delete
NAME	STEMPEL, CATHERINE	
STREET ADDRESS	57 WHITE OAK CIRCLE One Haddon Court	
CITY-ST-ZIP	ST CHARLES IL Lake in the Hills IL 60102	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWARD W. BROEK

Date

Daytime Phone #

April 14, 2000 630-377-5397
954-771-4400

CR2E034 (9/99)