

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90066 005 ***150.00

DOCUMENT # F97000006721

1. Entity Name

AMERICAN BUYING RETIREMENT SERVICES, INC.

Principal Place of Business

Mailing Address

**330 WABASH AVE.. #2007
CHICAGO IL 60611****330 WABASH AVE.. #2007
CHICAGO IL 60611-3603**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4034035

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 **P** ☐ Delete
NAME **SHERIDAN, MARC**
STREET ADDRESS **1111 KANE CONCOURSE., SUITE 411**
CITY-ST-ZIP **BAY HARBOR FL 33154**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **EVPS** ☐ Delete
NAME **KURENSKY, BETH S**
STREET ADDRESS **330 N WABASH AVE STE 2007**
CITY-ST-ZIP **CHICAGO IL 60611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **C** ☐ Delete
NAME **SHERIDAN, ROBERT**
STREET ADDRESS **330 N WABASH AVE STE 2007**
CITY-ST-ZIP **CHICAGO IL 60611**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **JARBOE, JOHN**
STREET ADDRESS **700 NEWPORT CTR., DRIVE 4TH FL**
CITY-ST-ZIP **NEWPORT CA 92660**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D** ☐ Delete
NAME **ZUCKERMAN, SOL**
STREET ADDRESS **2121 PONCE DE LEON., SUITE 1100**
CITY-ST-ZIP **CORAL GABLES FL 33134**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 lines empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000

Date

305-861-2277

Daytime Phone #