

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002885

1. Entity Name

SOURCEBOOKS, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90096 041 ***150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 4410~~
~~NAPERVILLE IL 60567 4410~~

P.O. BOX 4410
NAPERVILLE IL 60567-4410

2. Principal Place of Business

1935 Brookdale Rd.

3. Mailing Address

Suite, Apt. #, etc.

Suite 139

Suite, Apt. #, etc.

City & State

Naperville, IL

City & State

Zip

60563

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3547944

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

WARDA, MARK

1725 CLEARWATER/LARGO RD. SO.
CLEARWATER FL 33756

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
RACCAH, DOMINIQUE
121 N. WASHINGTON ST.
NAPERVILLE IL 60540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
Raccah, Dominique
1935 Brookdale Rd. Suite 139
Naperville, IL 60563 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BENNETT, RAY
121 N. WASHINGTON ST.
NAPERVILLE IL 60540 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
Bennett, Ray
1935 Brookdale Rd. Suite 139
Naperville, IL 60563 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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

3/4/00 (630) 961-3900
Date Daytime Phone #

CR2E034 (9/99)