

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003084

1. Entity Name

DURRANT ARCHITECTS, INC.

**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**

04-27-2000 90127 039 \*\*\*150.00

Principal Place of Business

Mailing Address

942 CYCARE PLAZA  
DUBUQUE IA 52001

942 CYCARE PLAZA  
DUBUQUE IA 52001

2. Principal Place of Business

700 Locust Street

3. Mailing Address

700 Locust Street

Suite, Apt. #, etc.

Suite 942

Suite, Apt. #, etc.

Suite 942

City & State

Dubuque, IA

City & State

Dubuque, IA

4. FEI Number

42-1081132

Applied For

Not Applicable

Zip  
52001

Country  
USA

Zip  
52001

Country  
USA

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

MILLER, ROBERT D  
600 S. ORLANDO AVE.  
MAITLAND FL 32794

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	VD BISHOP, BARNEY A 942 CYCARE PLAZA DUBUQUE IA 52001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECHTEL, GARY L 942 CYCARE PLAZA DUBUQUE IA 52001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, GORDON E 942 CYCARE PLAZA DUBUQUE IA 52001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHMIDT, MAX N 942 CYCARE PLAZA DUBUQUE IA 52001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KURT, CHARLES M 942 CYCARE PLAZA DUBUQUE IA 52001	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Locust Street, Suite 942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Locust Street, Suite 942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Locust Street, Suite 942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 700 Locust Street, Suite 942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/D 700 Locust Street, Suite 942
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V/S/T/D Eipperle, Kevin J. 700 Locust Street, Suite 942 Dubuque, IA 52001

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:

*Kevin J. Eipperle*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/00  
Date

319/583-9131  
Daytime Phone #

CR2E034 (9/99)

Amendment  
A0048341  
#F98000003084

**DURRANT ARCHITECTS, INC.**

**Names and business addresses of all Officers and Directors.**

**VICE PRESIDENT/  
DIRECTOR**

Gregory T. Baum, 810 Cardinal Lane, Suite 210  
Hartland, WI 53029

**VICE PRESIDENT/  
DIRECTOR**

Paul W. Brummund, 810 Cardinal Lane, Suite 210  
Hartland, WI 53029

**VICE PRESIDENT/  
DIRECTOR**

Gerald T. Olson, 810 Cardinal Lane, Suite 210  
Hartland, WI 53029