

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003767

1. Entity Name

AMERICAN OUTDOOR RECREATION, INC.

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90086 026 ***150.00

Principal Place of Business

Mailing Address

1 N. FIELD CT.
LAKE FOREST IL 60045-4811

1 N. FIELD CT.
LAKE FOREST IL 60045-4810

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 **36-4153221**

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

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	PD	<input type="checkbox"/> Delete
NAME	PONTIUS, W J	
STREET ADDRESS	6101 E. APACHE	
CITY-ST-ZIP	TULSA OK 74115	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	DRIGGERS, MICHAEL K	
STREET ADDRESS	6101 E. APACHE	
CITY-ST-ZIP	TULSA OK 74115	
TITLE	V	<input type="checkbox"/> Delete
NAME	O'BRIEN, RICHARD S	
STREET ADDRESS	1 N. FIELD CT.	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	
TITLE	V	<input type="checkbox"/> Delete
NAME	ZELISKO, JUDITH P	
STREET ADDRESS	1 N. FIELD CT.	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, GEOFFREY T	
STREET ADDRESS	1 N. FIELD CT.	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITZ, MICHAEL D	
STREET ADDRESS	1 N. FIELD CT.	
CITY-ST-ZIP	LAKE FOREST IL 60045-4811	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Secretary	
STREET ADDRESS	Christine M. Berry	
CITY-ST-ZIP	1 N. Field Ct. Lake Forest, IL 60045-4811	

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

Judith P. Zelisko
Vice President

Date

Daytime Phone #

4-7-00

847-735-4700

CR2E034 (9/99)