

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 25, 2000 8:00 am**
Secretary of State

01-25-2000 90059 022 ***150.00

DOCUMENT # F98000004254

1. Entity Name

FLORCOR, INC.

Principal Place of Business

**7303 N. CICERO AVE
LINCOLNWOOD IL 60646**

Mailing Address

**7303 N. CICERO AVE
LINCOLNWOOD IL 60712-1613**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4206268Applied 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

**NRAI SERVICES, INC.
526 E. PARK AVE
TALLAHASSEE FL 32301**

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**VASD
FREEDMAN, LAWRENCE M
7303 N. CICERO AVE
LINCOLNWOOD IL 60646**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**D
ALTER, WILLIAM
7303 N. CICERO AVE
LINCOLNWOOD IL 60646**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**PD
ALTER, MICHAEL
7303 N. CICERO AVE
LINCOLNWOOD IL 60646**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**V
THOMAS, RANDOLPH
7303 N. CICERO AVE
LINCOLNWOOD IL 60646**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**ST
SIEGEL, RONALD F
7303 N. CICERO AVE
LINCOLNWOOD IL 60646**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change ☐ AdditionTITLE
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:

RONALD SIEGEL - CFO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/1/00**(847) 568-5904**