

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005065

1. Entity Name

OCEAN DEVELOPMENT CO. OF ILLINOIS

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90294 050 ***150.00

Principal Place of Business

Mailing Address

1428 BRICKELL AVENUE
5TH FLOOR
MIAMI FL 33131-3411
US

% P. STRINGER/AMERICAN CLASSIC VOYAGES CO.
2 N. RIVERSIDE, SUITE 200
CHICAGO IL 60606

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 **36-4243198**

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 33301

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, 2001 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 ☐ Delete
NAME RUSTEN, JON
STREET ADDRESS 1210 103RD STREET
CITY-ST-ZIP BAY HARBOUR ISLANDS FL 33154

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

TITLE EVS ☐ Delete
NAME ALLEN, JORDAN B
STREET ADDRESS 1464 CAVELL
CITY-ST-ZIP HIGHLAND PARK IL 60035

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

TITLE VT ☐ Delete
NAME TALCOTT, RANDALL L
STREET ADDRESS 4641 N. MAGNOLIA, #2N
CITY-ST-ZIP CHICAGO IL 60640

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

TITLE AS ☐ Delete
NAME STRINGER, PAM
STREET ADDRESS 1010 S. MAPLE
CITY-ST-ZIP OAK PARK IL 60304

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

TITLE CD ☐ Delete
NAME CALIAN, PHILIP C
STREET ADDRESS 1246 FOREST AVENUE
CITY-ST-ZIP EVANSTON IL 60202

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

TITLE DSV ☐ Delete
NAME ALLEN, TODD
STREET ADDRESS 1118 FOREST AVE.
CITY-ST-ZIP WILMETTE IL 60091

TITLE ☐ 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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jordan B. Allen, 2/5/01

Date

312-466-6204

Daytime Phone #

CR2E034 (10/00)

0015212