

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006035

1. Entity Name

AMSAN FLORIDA, INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90037 034 ***150.00

Principal Place of Business

Mailing Address

2205 NW 30TH PL
POMPANO BCH FL 33069

8000 REGENCY PKWY
STE 555
CARY NC 27511-8580

2. Principal Place of Business

3. Mailing Address

3031 N. Andrews Ext 3031 N. Andrews. Ext

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL

Pompano Beach, FL

Zip

Country

Zip

Country

33064

33064

4. FEI Number

62-1757691

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 C ☐ Delete
NAME DONNINI, DAVID A
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE D ☐ Delete
NAME RAUNER, BRUCE V
STREET ADDRESS 6100 SEARS TOWER
CITY-ST-ZIP CHICAGO IL 60606

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

TITLE DP ☐ Delete
NAME MUTHE, JOHN A
STREET ADDRESS 8000 REGENCY PKWY., STE. 555
CITY-ST-ZIP CARY NC 27511-8513

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

TITLE DVAS ☐ Delete
NAME MORTENSON, THOMAS C
STREET ADDRESS 8000 REGENCY PKWY., STE. 555
CITY-ST-ZIP CARY NC 27511-8513

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

TITLE VS ☐ Delete
NAME MCDEVITT, MICHAEL E
STREET ADDRESS 8000 REGENCY PKWY., STE. 555
CITY-ST-ZIP CARY NC 27511-8513

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

TITLE P ☐ Delete
NAME James E. Cusick
STREET ADDRESS 3031 N Andrews Ave. Ext
CITY-ST-ZIP Pompano Beach, FL 33064

TITLE P ☐ Change ☒ Addition
NAME James E. Cusick
STREET ADDRESS 3031 N. Andrews Ave. Ext
CITY-ST-ZIP Pompano Beach, FL 33064

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

Date

Daytime Phone #

CR2E034 (9/99)