

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006035

1. Entity Name
AMSAN FLORIDA, INC.

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90078 007 ***158.75

0616758

Principal Place of Business
3031 NORTH ANDREWS EAST
POMPANO BEACH FL 33064

Mailing Address
3031 NORTH ANDREWS EAST
POMPANO BEACH FL 33064

2. Principal Place of Business
3031 NORTH ANDREWS AV EXT
Suite, Apt. #, etc.

3. Mailing Address
3031 NORTH ANDREWS AV EXT
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
City & State

4. FEI Number 62-1757691

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

7. Name and Address of New Registered Agent
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONNINI, DAVID A		NAME		
STREET ADDRESS	6100 SEARS TOWER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUNER, BRUCE V		NAME		
STREET ADDRESS	6100 SEARS TOWER		STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUTHE, JOHN A		NAME		
STREET ADDRESS	8000 REGENCY PKWY., STE. 555		STREET ADDRESS		
CITY-ST-ZIP	CARY NC 27511-8513		CITY-ST-ZIP		
TITLE	DVAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORTENSON, THOMAS C		NAME		
STREET ADDRESS	8000 REGENCY PKWY., STE. 555		STREET ADDRESS		
CITY-ST-ZIP	CARY NC 27511-8513		CITY-ST-ZIP		
TITLE	VS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDEVITT, MICHAEL E		NAME		
STREET ADDRESS	8000 REGENCY PKWY., STE. 555		STREET ADDRESS		
CITY-ST-ZIP	CARY NC 27511-8513		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUSICK, JAMES E		NAME		
STREET ADDRESS	3031 NORTH ANDREWS AVENUE EAST		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		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: James E Cusick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/8/01 Daytime Phone #: 954-972-1700

CR2E034 (10/00)