

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90185 033 ***150.00

DOCUMENT # F98000006035

1. Entity Name
AMSAN FLORIDA, INC.



Principal Place of Business
3031 NORTH ANDREWS AVE EXT
POMPANO BEACH FL 33064

Mailing Address
3031 NORTH ANDREWS AVE EXT
POMPANO BEACH FL 33064

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 **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ 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 **D** ☐ 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 **VS** ☐ Change ☒ Addition
NAME **MACNAB, PHIL**
STREET ADDRESS **8000 REGENCY PKWY., STE. 555**
CITY-ST-ZIP **CARY, NC. 27511-8513**

TITLE **P** ☐ Delete
NAME **CUSICK, JAMES E**
STREET ADDRESS **3031 NORTH ANDREWS AVENUE EAST**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. CUSICK 3/21/03

Date

Daytime Phone #

954-972-1700

CR2E034 (10/02)