

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006752

1. Entity Name

EXPORTERS, INC.

FILED

Mar 07, 2001 8:00 am
Secretary of State

03-07-2001 90604 001 ***150.00

Principal Place of Business

315 NW BERA AVE.
KEYSTONE HEIGHTS FL 32656

Mailing Address

315 NW BERA AVE.
KEYSTONE HEIGHTS FL 32656

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 36-3583967

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

MURRAY, GEORGE
315 NW BERA AVE.
KEYSTONE HEIGHTS FL 32656

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
NAME FENTON, DARYL
STREET ADDRESS 120 SOUTH HARVEY
CITY-ST-ZIP OAK PARK IL 60302
☐ Delete

TITLE
NAME
STREET ADDRESS 1989 Rolling Meadows Lane
CITY-ST-ZIP AKron, OH
☒ Change ☐ Addition

TITLE V
NAME MURRAY, GEORGE
STREET ADDRESS 315 NW BERA AVE.
CITY-ST-ZIP KEYSTONE HEIGHTS FL 32656
☐ Delete

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

TITLE SD
NAME GINTER, GARY
STREET ADDRESS 5840 W. MIDWAY PARK
CITY-ST-ZIP CHICAGO IL 60644
☐ Delete

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

TITLE AS
NAME MOSHER, MICHAEL P
STREET ADDRESS 19 S. LASALLE, STE. 1400
CITY-ST-ZIP CHICAGO IL 60603
☐ Delete

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

TITLE TD
NAME RITCHIE, MARK
STREET ADDRESS 27220 DARRELL RD.
CITY-ST-ZIP WAUCONDA IL 60084
☐ Delete

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

TITLE AT
NAME RUPP, TERRI
STREET ADDRESS 7212 OAK #4NE
CITY-ST-ZIP RIVER FOREST IL 60603
☐ Delete

TITLE
NAME
STREET ADDRESS 120 South Harvey
CITY-ST-ZIP Oak Park, IL 60302
☒ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)