

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000111

1. Entity Name

LONG GROVE TRADING COMPANY

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90038 048 \*\*\*150.00

Principal Place of Business

Mailing Address

500 PARK BLVD. SUITE 800  
ITASCA IL 60143

500 PARK BLVD. SUITE 800  
ITASCA IL 60143-3169

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3191621**

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

7. Name and Address of New Registered Agent

HOPKINS, THOMAS A  
11797 HWY 441  
BELLVIEW FL 34420

Name  
Hopkins, Thomas A

Street Address (P.O. Box Number is Not Acceptable)

2320 NE 2nd St., Suite 1B

City Ocala

FL

Zip Code  
34470

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

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

*Thomas Hopkins, President*

(NOTE: Registered Agent signature required when reinstating)

*1/12/00*  
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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
HOPKINS, THOMAS A  
500 PARK BLVD, SUITE 800  
ITASCA IL 60143 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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:

*Thomas Hopkins*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1/12/00 630-255-7000*

CR2E034 (9/99)