

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90081 036 ***150.00

DOCUMENT # F99000000941

1. Entity Name

PROGRESSIVE REALTY ADVISORS, INC.

Principal Place of Business

Mailing Address

1905 DEEP CUT ROAD
 WOODSTOCK IL 60098

1905 DEEP CUT ROAD
 WOODSTOCK IL 60123-5086

2. Principal Place of Business

3. Mailing Address

1800 W. HIGHLAND AVE.

1800 W. HIGHLAND AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT D

UNIT D

City & State

City & State

ELGIN, ILLINOIS

ELGIN, ILLINOIS

Zip

Zip

Country

Country

60123

USA

60123

USA

4. FEI Number

36-2823511

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

MIKES, JAMES R
7821 NORTH DALE MABRY HIGHWAY
SUITE #110
TAMPA FL 33614

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 **CDPT** ☐ Delete
 NAME **GEEVER, DANIEL C**
 STREET ADDRESS **300 2ND AVE. S.E. #70**
 CITY-ST-ZIP **ST. PETERSBURG FL 33701**

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

TITLE **D** ☒ Delete
 NAME **GEEVER, WILLIAM E**
 STREET ADDRESS **1905 DEEP CUT ROAD**
 CITY-ST-ZIP **WOODSTOCK IL 60098**

TITLE **DT** ☐ Change ☒ Addition
 NAME **DANIELLE GEEVER**
 STREET ADDRESS **1800 W. HIGHLAND AVE. UNIT D**
 CITY-ST-ZIP **ELGIN, ILLINOIS 60123**

TITLE **S** ☐ Delete
 NAME **SZOPINSKI, DONNA M**
 STREET ADDRESS **715 HICKORY LN**
 CITY-ST-ZIP **CAROL STREAM IL 60188**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

DANIEL C. GEEVER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-00
 Date

727 894 8855
 Daytime Phone #