

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 24, 2000 8:00 am  
Secretary of State**

03-24-2000 90083 033 \*\*\*\*61.25

**629418**

DO NOT WRITE IN THIS SPACE

**DOCUMENT # F99000002118**

1. Entity Name

**THE MAGIC FOUNDATION INCORPORATED**

Principal Place of Business

Mailing Address

**1327 N HARLEM AVENUE  
OAK PARK IL 60302****1327 N HARLEM AVENUE  
OAK PARK IL 60302-1376**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**36-3673333**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****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ANDREWS, MARY**  
CITY-ST-ZIP **1327 N HARLEM AVENUE  
OAK PARK IL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **HOGGLE, J R**  
CITY-ST-ZIP **13501 HADDENFIELD LANE  
DARNESTOWN MD**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **TROTTER, JEFF**  
CITY-ST-ZIP **600 CENTRAL AVE., STE 265  
HIGHLAND PARK IL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **NYE, MARTIN**  
CITY-ST-ZIP **11 TURNBULL WOODS COURT  
HIGHLAND PARK IL**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **HARVEY, JAMIE**  
CITY-ST-ZIP **4105 QUAIL HOLLOW  
VALDOSTA GA**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **TUCKER, TERESA**  
CITY-ST-ZIP **2001 VALLEY VIEW BLVD  
ELCAJON CA**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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-16-00****800-362-4423**

CR2E037 (9/99)