

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91339 019 ****61.25

DOCUMENT # F990000002118

1. Entity Name
 The Magic Foundation Incorporated

Principal Place of Business **Mailing Address**

1327 N. Harlem Ave. same
 Oak Park, IL 60302

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 36-3673333 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

00054183

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE Chairman ☐ Delete	NAME Mary Andrews	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 1327 N. Harlem Ave	CITY-ST-ZIP Oak Park, IL 60302	STREET ADDRESS	CITY-ST-ZIP
TITLE Vice Chairman ☐ Delete	NAME Jamie Harvey	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 4105 Quail Hollow	CITY-ST-ZIP Valdosta, GA 31602	STREET ADDRESS	CITY-ST-ZIP
TITLE Treasurer ☐ Delete	NAME Martin Nye	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 333 Skokie Blvd	CITY-ST-ZIP Northbrook, IL 60062	STREET ADDRESS	CITY-ST-ZIP
TITLE Secretary ☐ Delete	NAME Kelly Meadows	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 611 7th Street	CITY-ST-ZIP Orange, TX 77630	STREET ADDRESS	CITY-ST-ZIP
TITLE Director ☐ Delete	NAME Teresa Tucker	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS 2001 Valley View Blvd.	CITY-ST-ZIP El Cajon, CA 92019	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME ☐ Change ☐ Addition	TITLE	NAME ☐ Change ☐ Addition
STREET ADDRESS	CITY-ST-ZIP	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: Mary Andrews **4-24-01** **1-800-362-4423**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)