## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED DOCUMENT # **F99000002430** May 15, 2000 8:00 am Secretary of State THE ZEITHAMMER CO. 05-15-2000 90276 048 \*\*\*150.00 Principal Place of Business Mailing Address 4242 N. KNOXVILLE AVENUE 4242 N. KNOXVILLE AVENUE PEORIA IL 61615-4021 PEORIA IL 61614 2. Principal Place of Business 3. Mailing Address 3205 TAMIAMI TRAIL 3205 TAMIAMI Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number itv & State Applied For 37-1169112 NTA GORDA FL Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 39*5*0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ZEITHA MMER, WILLIAM ZEITHAMMER, ERNEST W Street Address (P.O. Box Number is Not Acceptable) 54 CIRCLEWOOD DR. HARBOR VENICE FL 34293 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 when reinstating FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD TITLE ☐ Delete TITLE ZEITHAMMER, WILLIAM K NAME 3913 N KATHY LANE 3600 BAL HARBOR, 2-I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEORIA-IL PUNTA GORDA, FL 33950 CITY-ST-ZIP - SECRETARY ☐ Addition Change TITLE ☐ Delete TITLE ZEITHAMMER, BARBARA A NAME NAME 3913 N KATHY LANE 3600 BAL HARBOR, 2-1 STREET ADDRESS STREET ADDRESS PUINTA GORDA FL 33950 CITY-ST-ZIP CITY-ST-ZIP PEORIA-IL-JEFFREY 6 SAAL -- 🔲 Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP UICE PRESIDENT ☐ Delete TITLE Change ☐ Addition JEFFREY C. SAAL NAME NAME 3600BALHARBOR, 2-I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTAGORDA FL 33950 TROASURER ☐ Delete Change ☐ Addition TITLE TITLE KAREN A. SAAL NAME NAME 3600 BALHARBOR, 2-I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PUNTA 60RDA. FL 33950 Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of 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.

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR