

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 91067 001 ***600.00

DOCUMENT # F99000004669

1. Entity Name

FLEETWOOD, INC.

Principal Place of Business

**8020 FORSYTH BLVD.
 ST. LOUIS MO 63105**

Mailing Address

**8020 FORSYTH BLVD.
 ST. LOUIS MO 63105**

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 **94-3142164**

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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, 2001 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	CD	<input type="checkbox"/> Delete
NAME	CHAPMAN, ROBERT H	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	P	<input type="checkbox"/> Delete
NAME	OSTAPOWICZ, PHILLIP G	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	LAWSON, JAMES W	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	V	<input type="checkbox"/> Delete
NAME	COONROD, GREGORY L	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	ZACCARELLO, MICHAEL D	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	FRITZMEYER, KEVIN	
STREET ADDRESS	8020 FORSYTH BLVD.	
CITY-ST-ZIP	ST. LOUIS MO 63105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Brown	
STREET ADDRESS	8020 Forsyth Blvd.	
CITY-ST-ZIP	St. Louis, MO 63105	

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:

Michael D. Zaccarello Michael D. Zaccarello, Treasurer

4/17/2001

(314) 862-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)