

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90066 016 \*\*\*150.00

**DOCUMENT # F99000005246**

1. Entity Name

**GREAT LAKES BOAT TOP CO., INC.**

Principal Place of Business

Mailing Address

**15 QUALITY CIRCLE  
VONORE TN 37885****15 QUALITY CIRCLE  
VONORE TN 37885-2128**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **38-1707865**

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**

Name

**NRAI SERVICES, INC.**

Street Address (P.O. Box Number is Not Acceptable)

**526 EAST PARK AVENUE**

City

**TALLAHASSEE****FL**

Zip Code

**32301****PARKS, KENNETH W  
760A GREENSBORO ROAD  
COCOA FL 32926**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
C	WILSON, JAMES A II	15 QUALITY CIRCLE	VONORE TN 37885	<input type="checkbox"/>
D	RUDBERG, WILLIAM C	15 QUALITY CIRCLE	VONORE TN 37885	<input checked="" type="checkbox"/>
D	PARKS, KEVIN	15 QUALITY CIRCLE	VONORE TN 37885	<input checked="" type="checkbox"/>
D	PARKS, GERALDINE	15 QUALITY CIRCLE	VONORE TN 37885	<input checked="" type="checkbox"/>
P	PARKS, KENNETH	15 QUALITY CIRCLE	VONORE TN 37885	<input checked="" type="checkbox"/>
V	WILSON, VICTORIA J	15 QUALITY CIRCLE	VONORE TN 37885	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT	WILSON, JAMES A II	15 QUALITY CIRCLE	VONORE, TN 37885	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY	BENFORD, EDWARD H.	200 WEST MADISON STREET SUITE 2710	CHICAGO, IL 60606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	STOCKFORD, GARY	8405 S. FOREST	TEMPE, ARIZONA 85284	<input type="checkbox"/>	<input checked="" type="checkbox"/>
DIRECTOR	GLASTRIS, WILLIAM	200 WEST MADISON STREET SUITE 2710	CHICAGO, IL 60606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Wilson II**

Date

**5-1-00**

Daytime Phone #

**423-884-6761**