

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006375

1. Entity Name

ENTERACT 21ST CENTURY CORP.

Principal Place of Business

4207 VINELAND ROAD, SUITE M-9  
ORLANDO FL 32811

Mailing Address

4207 VINELAND ROAD, SUITE M-9  
ORLANDO FL 32811

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

350 W. ORLEANS

Suite, Apt. #, etc.

# 600

City & State

CHICAGO, ILL

Zip

60654-1509

Country

USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	CURREY, ROBERT G	
STREET ADDRESS	350 NORTH ORLEANS, SUITE 600	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	VS	<input type="checkbox"/> Delete
NAME	WEBSTER, RONALD D	
STREET ADDRESS	350 NORTH ORLEANS, SUITE 600	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KURTZ, ERIC	
STREET ADDRESS	350 NORTH ORLEANS, SUITE 600	
CITY-ST-ZIP	CHICAGO IL 60605	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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	

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 another like employment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RONALD D. WEBSTER 312 955-2100

Date

Daytime Phone #

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90024 041 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 52-2150794

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

CR2E034 (9/99)