

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G09742

1. Entity Name

THE HAMILTON COLLECTION, INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90855 032 ***150.00

Principal Place of Business

Mailing Address

4810 EXECUTIVE PARK COURT
JACKSONVILLE FL 32216

4810 EXECUTIVE PARK COURT
JACKSONVILLE FL 32216-6069

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

59-2238623

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ V ☐ Delete
NAME LIGGETT, JAMES D
STREET ADDRESS 1371 LAKEWOOD DR
CITY-ST-ZIP LAKE FOREST IL 60051

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ V ☐ Delete
NAME DEL CIELLO, ROBERT
STREET ADDRESS 1536 TULANE DR
CITY-ST-ZIP NAPERVILLE IL 60565

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ S ☐ Delete
NAME TINBERG, RICHARD W
STREET ADDRESS 159 SHERIDAN RD
CITY-ST-ZIP WINNETKA IL 60093

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ V ☐ Delete
NAME WESTON, KEVIN
STREET ADDRESS 300 SEA MOSS LANE
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ V ☐ Delete
NAME OLSEN, MARIE
STREET ADDRESS 49 PLAYERS CLUB VILLA DRIVE
CITY-ST-ZIP PONTE VEDRA FL 32082

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ T ☐ Delete
NAME ROSS H CARLETTA
STREET ADDRESS 100 SEVEN IRON CT
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

Robert Del Ciello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00

Date

Daytime Phone #

CR2E034 (9/99)