

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G09742

1. Entity Name

THE HAMILTON COLLECTION, INC.

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90058 010 ***150.00

Principal Place of Business
4810 EXECUTIVE PARK COURT
JACKSONVILLE FL 32216

Mailing Address
4810 EXECUTIVE PARK COURT
JACKSONVILLE FL 32216

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, 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	V	<input type="checkbox"/> Delete
NAME	LIGGETT, JAMES D	
STREET ADDRESS	1371 LAKEWOOD DR	
CITY-ST-ZIP	LAKE FOREST IL 60051 45	
TITLE	V	<input type="checkbox"/> Delete
NAME	DEL CIELLO, ROBERT	
STREET ADDRESS	1536 TULANE DR	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	S	<input type="checkbox"/> Delete
NAME	TINBERG, RICHARD W	
STREET ADDRESS	159 SHERIDAN RD	
CITY-ST-ZIP	WINNETKA IL 60093	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WESTON, KEVIN	
STREET ADDRESS	300 SEA MOSS LANE	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Liggett, James D.	(zip code only)
STREET ADDRESS	1371 Lakewood Drive	
CITY-ST-ZIP	Lake Forest, IL 60045	
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	Frazer, Bernard	
STREET ADDRESS	7575 Founders Way	
CITY-ST-ZIP	Ponte Vedra Beach, FL 32082	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James D. Liggett Date

847-581-8359

Daytime Phone #

CR2E034 (10/00)