

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G98827

1. Entity Name

RADICE-PARADISE CORPORATION

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90052 048 ***150.00

Principal Place of Business	Mailing Address
% THE MAJOR GROUP, INC. 222 S. 15TH. STE 600 NORTH OMAHA NE 68102	% THE MAJOR GROUP, INC. 222 S. 15TH. STE 600 NORTH OMAHA NE 68102-1680 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	59-2412801	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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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	VD
NAME	GERBER, WILLIAM J.
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
	<input checked="" type="checkbox"/> Delete
TITLE	TD
NAME	MACE, GEORGIA M.
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
	<input type="checkbox"/> Delete
TITLE	SD
NAME	KNOLLA, PETER A.
STREET ADDRESS	222 S. 15TH ST., STE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
	<input type="checkbox"/> Delete
TITLE	PD
NAME	COON, KENNETH C
STREET ADDRESS	22 SOUTH 15TH STREET SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
	<input type="checkbox"/> Delete
TITLE	D
NAME	NELSON, JOHN P
STREET ADDRESS	222 SOUTH 15TH STREET, SUITE 600 NORTH
CITY-ST-ZIP	OMAHA NE 68102
	<input checked="" type="checkbox"/> Delete
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

3-22-00

CR20014 (MAR)