## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # H31230** UNIT DISTRIBUTION OF NEW JERSEY, INC. 04-04-2000 90083 001 \*\*\*150.00 Principal Place of Business Mailing Address 1301 RIVERPLACE BLVD 1301 RIVERPLACE BLVD. #1200 **SUITE 1200** 632850 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207-9029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2467915 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code 6. 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI E ☐ Delete TITLE Addition KENNEY, BRIAN A. Brian A. Kenney NAME NAME 500 W, Mogroe **500 W MONROE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NICOSIA, JOSEPH A. NAME NAME STREET ADDRESS 1301 RIVERPLACE BLVD, #1200 STREET ADDRESS CITY - ST- ZIP JACKSONVILLE FL CITY-ST-ZIP ٥Ū TITLE ☐ Delete ☐ Change ☐ Addition GARDNER, MICHAEL J. NAME NAME 1301 RIVERPLACE BLVD. #1200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF JACKSONVILLE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME Brain. Kenney A NAME 500 W. MONROE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60661 CITY-ST-ZIP ☐ Delete TITLE TITLE **Change** Addition William J. Hasek NAME REEDY, THOMAS NAME 500 W. Monroe STREET ADDRESS 500 W MONROE STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 it changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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1301 Riverplace Blud # 1700

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Buce A. Wise

Sacksonuthe

**SIGNATURE:** 

CHICAGO IL 60661

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPEO OR PRINTED NAME OF GINING OFFICER OR DIRECTOR

Delete

2/24/00 904-858-491

CR2E034 (9)

**X** Addition