

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H53317

1. Entity Name

VRABLIK PROPERTIES, INC.

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90003 005 ***150.00

Principal Place of Business

Mailing Address

631 THOMPSON'S WAY
INVERNESS IL 60067-4653

631 THOMPSON'S WAY
INVERNESS IL 60067-4653

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 **59-2543291**

Applied For

Not Applied For

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

ROBERTS, ARTHUR E.
250 S. MAIN AVE.
GROVELAND FL 34736

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	PD	<input type="checkbox"/> Delete
NAME	VRABLIK, EDWARD R.	
STREET ADDRESS	631 THOMPSONS WAY	
CITY-ST-ZIP	INVERNESS IL 60067-4653	
TITLE	V	<input type="checkbox"/> Delete
NAME	VRABLIK, BERNICE G.	
STREET ADDRESS	631 THOMPSONS WAY	
CITY-ST-ZIP	INVERNESS IL 60067-4653	
TITLE	S	<input type="checkbox"/> Delete
NAME	VRABLIK, SCOTT S.	
STREET ADDRESS	631 THOMPSON'S WAY	
CITY-ST-ZIP	INVERNESS IL	
TITLE	T	<input type="checkbox"/> Delete
NAME	VRABLIK, EDWARD R II	
STREET ADDRESS	245 NORTH SHERIDAN ROAD	
CITY-ST-ZIP	LAKE FOREST IL	
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"/> Change <input type="checkbox"/> Additio
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	1901 THOMAS ATKINSON RD.	
CITY-ST-ZIP	INVERNESS, IL 60067	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Additio
NAME		
STREET ADDRESS	1081 ARCADE DRIVE	
CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Additio
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:

Edward R. Vrablik
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-00 847-358-22

Date

Daytime Phone #