

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J46139

1. Entity Name

CULLIGAN OF FLORIDA, INC. ✓

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90073 045 ***150.00

Principal Place of Business

1401 SLIGH BOULEVARD
ORLANDO FL 32856
US

Mailing Address

ONE CULLIGAN PARKWAY
NORTH BROOK IL 60062-6209

2. Principal Place of Business

3. Mailing Address

40-004 COOK ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Desert, CA

Zip

Country

92211

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2751938

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DVT	<input checked="" type="checkbox"/> Delete
NAME	CAMPBELL, ROSS M	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HENDRIX, CALVIN	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	HULME, MICHAEL E JR	
STREET ADDRESS	ONE CULLIGAN PARKWAY	
CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	GOSSIN, AMY G	
STREET ADDRESS	40-004 COOK ST	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	V	<input type="checkbox"/> Delete
NAME	SPENCE, KEVIN L	
STREET ADDRESS	40-004 COOK ST	
CITY-ST-ZIP	PALM DESERT CA 92211	
TITLE	AT	<input type="checkbox"/> Delete
NAME	WHITE, WILLIAM	
STREET ADDRESS	ONE CULLIGAN PKWY	
CITY-ST-ZIP	NORTHBROOK IL 60062	

TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael J. Reardon	
STREET ADDRESS	One Culligan PKWY	
CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	Director, VP, Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joseph F. Morrison	
STREET ADDRESS	One Culligan PKWY	
CITY-ST-ZIP	Northbrook, IL 60062	
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		<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

Asst. Treasurer 3/15/2000 262-521-8504

Date

Daytime Phone #

CR2E034 (9/99)