

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90015 040 ***150.00

DOCUMENT # K45956

1. Entity Name

FLYNN FINANCIAL CORP.

Principal Place of Business

% DONALD F. FLYNN
2898 DATE PALM ROAD
BOCA RATON FL 33432

Mailing Address

C/O FLYNN ENTERPRISES, INC
676 N MICHIGAN AVE #4000
CHICAGO IL 60611

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0088668

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional**
Fee Required

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **FLYNN, DONALD F**
STREET ADDRESS **2898 DATE PALM ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **V** ☐ Delete
NAME **FLYNN, KEVIN F**
STREET ADDRESS **676 N. MICHIGAN AVE., #4000**
CITY-ST-ZIP **CHICAGO IL 60611**TITLE **V** ☐ Delete
NAME **FLYNN, BRIAN J.**
STREET ADDRESS **676 N. MICHIGAN AVE., #4000**
CITY-ST-ZIP **CHICAGO IL 60611**TITLE **V** ☐ Delete
NAME **FLYNN, BEVERLY L**
STREET ADDRESS **2898 DATE PALM ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE **V/T** ☐ Delete
NAME **SKIBICKI, KEITH J**
STREET ADDRESS **511 NORTH GRANT STREET**
CITY-ST-ZIP **HINSDALE IL 60514**TITLE **AT** ☐ Delete
NAME **CONFORTI, AUDRA M**
STREET ADDRESS **15 E. SANDSTONE COURT**
CITY-ST-ZIP **SOUTH ELGIN IL 60177**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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

Date

Daytime Phone #

Audra M. Conforti **Audra M. Conforti** **1-23-02** **312-280-3700**

CR2E034 (9/01)