

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

MAGNOLIA S CORPORATION

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90129 019 \*\*\*150.00

Principal Place of Business

95 MAGNOLIA DRIVE  
ST AUGUSTINE, FL 32084  
US

Mailing Address

1322 S. WABASH AVE  
STE. 210  
CHICAGO, IL 60605-2508  
US

2. Principal Place of Business

3. Mailing Address

C/O K. GREEN, PRESIDENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BOX 32

City & State

City & State

MARQUETTE, WI

4. FEI Number

59-2935444

Applied For

Not Applicable

Zip

Country

Zip

Country

53947

US

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

TROIANO, DOMINIC ESQ.  
317 SOUTH TENNESSEE AVENUE  
P.O. BOX 829  
LAKE LAND, FL 33802

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, 2001 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 PDS  
NAME GREEN, KRISTINE S  
STREET ADDRESS 1322 S. WABASH AVE SUITE 210  
CITY-ST-ZIP CHICAGO, IL 60605 ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 124 WEST POLK STREET STE 107  
CITY-ST-ZIP CHICAGO, IL 60605

TITLE VPTD  
NAME WASSONG, John R.  
STREET ADDRESS 1322 S. WABASH SUITE 210  
CITY-ST-ZIP CHICAGO, IL ☐ Delete

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 124 WEST POLK STREET STE 107  
CITY-ST-ZIP CHICAGO, IL 60605

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

CR2E034 (11/00)

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:

Kristine S. Green PRESIDENT,  
KRISTINE S. GREEN

4/23/2001 312.986.0915

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #