

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2003 8:00 am
Secretary of State

04-28-2003 90533 026 ***150.00

DOCUMENT # M80314

1. Entity Name
BEN FRANKLIN FLORIDA ENTERPRISES, INC.



Principal Place of Business
701 LEE ST. SUITE 1000
DES PLAINES IL 60016

Mailing Address
701 LEE ST. SUITE 1000
DES PLAINES IL 60016

55045502



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 **65-0050675**

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

CORPORATION INFORMATION SERVICES, INC.
1200 HAYS STREET
TALLAHASSEE FL 32301

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James M. Halpin

James M. Halpin

5/22/03

Signature, typed or printed name of registered agent and title if applicable

Assistant Secretary (required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **PCFO** ☐ Delete
MUELLER, KURT M
STREET ADDRESS **1009 ASHLAND**
CITY-ST-ZIP **WILMETTE IL**

TITLE NAME **1200 South Pine Island Road** ☐ Change ☐ Addition
STREET ADDRESS **1200 South Pine Island Road**
CITY-ST-ZIP **Plantation FL 33324**

TITLE NAME **D** ☐ Delete
LANUM, MONICA C
STREET ADDRESS **731-302 BODE CIRCLE**
CITY-ST-ZIP **HOFFMAN ESTATES IL 60194**

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

TITLE NAME **V** ☒ Delete
LOPATER, LAWRENCE
STREET ADDRESS **18 WHITEWOOD**
CITY-ST-ZIP **NORTH HILLS NY 11576**

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

TITLE NAME **ST** ☐ Delete
EVANS, BLANE P
STREET ADDRESS **701 LEE ST STE 1000**
CITY-ST-ZIP **DES PLAINES IL 60016**

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

TITLE NAME **AS** ☐ Delete
BORY, JUDITH A.
STREET ADDRESS **65-50 ADMIRAL AVAE.**
CITY-ST-ZIP **MIDDLE VILLAGE NY 11379**

TITLE NAME **358 Carol Drive** ☐ Change ☐ Addition
STREET ADDRESS **Massapeque Park, NY 11762**
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Blane P. Evans
Blane P. Evans

04/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)