

2000 UNIFORM BUSINESS REPORT (UBR)

0001388 AF

DOCUMENT # M97000000358

1. Entity Name
RICH MICHAELS & ASSOCIATES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 11 AM 11:06

Principal Place of Business
6550 N. WICKHAM RD., #1
MELBOURNE FL 32940

Mailing Address
6550 N. WICKHAM RD., #1
MELBOURNE FL 32940-2038



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 36-4149080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME D.H.S. & ASSOCIATES, INC.
STREET ADDRESS 10255 WEST HIGGINS RD., STE. 800
CITY-ST-ZIP ROSEMONT IL 60018 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP *nf 2/22/00*

TITLE MEM
NAME SCHILT, DOMINIC H
STREET ADDRESS 6714 NORTH LE MAI
CITY-ST-ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP 600003148886-3
-02/28/00-01019-014
*****50.00 *****50.00

TITLE MEM
NAME HUSKISSON, JAMES B
STREET ADDRESS 4127 ROYAL TROON COURT
CITY-ST-ZIP ST. CHARLES IL 60174 ☐ Delete

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

TITLE MEM
NAME ERNST, PAUL W
STREET ADDRESS 1244 KENILWORTH DR.
CITY-ST-ZIP PALATINE IL 60067 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)