

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 032 ****61.25

DOCUMENT # N00000004070

1. Entity Name

CEERI, INC.



Principal Place of Business

**2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311**

Mailing Address

**2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311**

RU012100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1039031

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**ENGLE, SUSAN M
2454 OAKLAND PARK BLVD
OAKLAND PARK FL 33311**

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

6-5-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
George Sullivan
2900 IDS Center, 80 S. 8th St.
Minneapolis, MN 55402-2100**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
→

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Director
Scott Porter
2200 W. Monroe St., PO Box 100
Decatur, IN 46733-5003**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
→

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIRECTOR
Susan Engle
2756 Oaktree Lane
Oakland Park, FL 33309**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
→

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

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 617, 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:

Susan Engle, Director

6-5-01 954-730-6889

CR2E037 (10/00)