

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000003288

1. Entity Name

INROADS/SOUTH FLORIDA, INC.

FILED
Jan 26, 2000 8:00 am
Secretary of State

01-26-2000 90124 042 ****70.00

Principal Place of Business

Mailing Address

501 BRICKELL KEY DRIVE
SUITE 403
MIAMI FL 33131

10 SOUTH BROADWAY, SUITE 700
ATTN: PATSY A.W. PHILLIPS
ST. LOUIS MO 63102-1734

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

43-1631105

Applied For

Not Applied For

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

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:
FEES 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
STORY, CHARLES I
315 DEADERICK, STE. 1240
NASHVILLE TN 37238 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ROSSITER, PETER L
50 SOUTH LASALLE ST. M809
CHICAGO IL 60675 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
BIJOU, PAUL
1 SYLVAN WAY
PARSIPPANY NJ 07054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MD
LESENE, TONY C
501 BRICKELL KEY DRIVE
MIAMI FL 33131 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/00

615-255-7317