2001 UNIFORM BUSINESS REPORT (UBR)

3

FILED
Mar 30, 2001 8:00 am
Secretary of State
03-05-2001 90349 015 ****61.25

DOCUMENT # N96000001936

1. Entity Name

ASSOCIATION OF PHILANTHROPIC COUNSEL, INC.

Principal Place of Business	Mailing Address
414 PLAZA DR STE 209 WESTMONT IL 60559 US	414 PLAZA DR STE 209 WESTMONT IL 60559 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1229 Greenwood Cliff	PO Box 34155
Suite, Apt. #, etc.: Ste 340	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State: Charlotte, NC
Zip: 28204 Country: US	Zip: 28234-4155 Country: US

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MERCIER, JOHN R
4370 S. TAMIAMI TRAIL, STE 150
SARASOTA FL 34231

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 _____ 02/20/2001
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	S LYSAKOWSKI, LINDA 320 N. KENHORST BLVD READING PA 19607	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VCD MERCIER, JOHN 4370 S. TAMIAMI TRAIL, ST.E 150 SARASOTA FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D C DAVY, MARK J 4500 PARK GLEN ROAD, STE 280 ST. LOUIS PARK MN 55316	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACNAB, ALEXANDER G 900 N. FRANKLIN ST., STE 810 CHICAGO IL 60610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer James A. Ravanelli 401 Cypress St. Suite 414 Abilene, TX 79601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YUNKER, JAMES 431 OHIO PIKE STE 105 N CINCINATTI OH 45255	☒ 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

CR2E037 (10/00)

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: _____ 02/20/2001 941 921-5726
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #