

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90009 032 ****70.00

DOCUMENT # N98000005203

1. Entity Name
DANNY DODGE OUTREACHES, INC.

Principal Place of Business Mailing Address
5621 A VON AVE **PO BOX 2585**
MONEE IL 60449 **HOMEWOOD IL 60430-7585**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
5621 A VON AVE
 City & State City & State
MONEE IL
 Zip Country Zip Country
60449 **USA**
65-0862230 Applied For
 5. Certificate of Status Desired **\$8.75** Additional Fee Required Not Applicable



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

WATSON, JAMES M
13635 NW 7TH AVE
NORTH MIAMI FL 33169

Name **WATSON, JAMES M.**
 Street Address (P.O. Box Number is Not Acceptable)
15869 S.W. 4TH STREET
 City **PEMBROKE PINES** FL Zip Code **33027**

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 James M. Watson, James M. Watson - Registered Agent - 1/10/00
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	D DODGE, DANNY 5621 A VON AVE MONEE IL 60449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, GRETHER 5621 A VON AVE MONEE IL 60449 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODGE, THOMAS 11261 W. KENNEDY RD. PEOTONE IL 60468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARGES, ABEL SR. VALLE DE LAS PALMAS #1198, JARDINES DELVALL BC MEXICO CP.21240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLLMAN, JEFF 14792 MONTGOMERY ORLAND PARK IL 60462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIN, PAT 1023 EASTLAWN, WINDSOR, ONTARIO N8S3H8 CANADA <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: REINHOLD R. DODGE 1/12/00 708-534-1662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)