## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # P06606** 1. Entity Name F & L CORP

## **FILED** Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90151 027 \*\*\*150.00

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Principal Place of Business  Mailing Address  FIRST Wisconsin Central  E. WISCONSIN AVE S-3800  777 E. WISCONSIN AVE  WI 53202  MILWAUKEE WI 53202-53			900					
2. Principal Place of Business		3. Mailing Address					/// <b>6/6</b> /// / <b>///</b> /	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		<b>4.</b> F	39-1503087	<del></del>	pplied For lot Applicable	
Zip	Country	Zip	Country	<b>5.</b> C	Certificate of Status Desired	□ \$8.75 Ac	lditional ed	
	6. Name and Address of Current R	egistered Agent		7. N	lame and Address of New Re	gistered Agent		
- <u>-</u>			Name					
HEDRICK, CHARLES V THE GREENLEAF BLDG.			Street A	Street Address (P.O. Box Number is Not Acceptable)				
200 LAURA STREET							İ	
JACK	(SONVILLE FL 32202		City			FL Zip Co	e	
SIGNATURE	named entity submits this statement for		egistered office or			da. DATE		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FILE NOW!!! FEE IS \$150.00  After MAY 1, 2000 Fee will be \$550.00  Make Check Payable to Department of		50.00	10. Election Campaign Fina Trust Fund Contribution.		00 May Be ed to Fees	
11.	OFFICERS AND D	IRECTORS	12,	AD	DITIONS/CHANGES TO OFFIC	ERS AND DIRECTOR	RS IN 11	
ITLE IAME STREET ADDRESS STY-ST-ZIP	PST WEISS, RICHARD A. 777 E WISCONSIN S-3800 MILWAUKEE WI	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>	n Stanley S Wisconsin, S aukee, Wi		Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	VAS NOLAN, MICHAEL S. 777 E. WISCONSIN S-3800 MILWAUKEE MI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , ,	☐ Change	Addition	
ITLE NAME STREET ADDRESS SITY-ST-ZIP	VAS FITZGERALD, KEVIN G 777 E. WISCONSIN, S-3800 MILWAUKEE WI	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_ ~		Change	Addition	
ITLE IAME TREET ADDRESS OTY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP	· ·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
ITLE NAME STREET ADDRESS STY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	

13. 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 supplied ental 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all ther like empowered.

SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date