

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15233

1. Entity Name

MOA HOSPITALITY, INC.

FILED

Apr 20, 2000 8:00 am  
Secretary of State

04-20-2000 90089 035 \*\*\*150.00

Principal Place of Business

Mailing Address

701 LEE ST., STE 1000  
DES PLAINES IL 60016  
US

701 LEE ST., STE 1000  
DES PLAINES IL 60016-4555  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 33-0166914

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

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 State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE V ☒ Delete

NAME BRANDT, ROBERT  
STREET ADDRESS 1989 MADISON AVE  
CITY-ST-ZIP GURNEE IL

TITLE CFOD ☐ Delete

NAME MUELLER, KURT M.  
STREET ADDRESS 1009 ASHLAND  
CITY-ST-ZIP WILMETTE IL

TITLE SVP ☐ Delete

NAME GERHART, RICHARD  
STREET ADDRESS 4 QUEENSWAY  
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE VP ☐ Delete

NAME BINNS, ANN  
STREET ADDRESS 2028 STANTON COURT  
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60004

TITLE PCD ☐ Delete

NAME BAERENKLAU, ALAN H  
STREET ADDRESS 430 N WESTERN AVE  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE CEO ☐ Delete

NAME WALLACE, PAUL  
STREET ADDRESS 888 7 AVE, STE 3400  
CITY-ST-ZIP NEW YORK NY 10106

TITLE ST ☐ Change ☒ Addition

NAME Blank P Evans  
STREET ADDRESS 701 Lee Street Suite 1000  
CITY-ST-ZIP Des Plaines IL 60016

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Blank P Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00  
Date

(847) 803-1200  
Daytime Phone #

CR2E034 (9/99)