

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90939 025 ***150.00

0567909

DOCUMENT # P15344

1. Entity Name

SCANDINAVIAN HEALTH SPA, INC.

Principal Place of Business

**8700 W. BRYN MAWR AVE.
 2ND FLOOR
 CHICAGO IL 60631
 US**

Mailing Address

**8700 W. BRYN MAWR AVE.
 2ND FLOOR
 CHICAGO IL 60631
 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 **34-1114683**

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

**C T CORPORATION SYSTEM
 1200 SOUTH 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, 2001 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 **SVS** ☐ Delete
 NAME **GAAN, CARY A**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **PCEO** ☐ Delete
 NAME **HILLMAN, LEE S.**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **CFO** ☐ Delete
 NAME **DWYER, JOHN**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **SVT** ☐ Delete
 NAME **DWYER, JOHN**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **AS** ☐ Delete
 NAME **MOTZ, LINDA B**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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

TITLE **AT** ☐ Delete
 NAME **BARSKY, ALBERT**
 STREET ADDRESS **8700 W BRYN MAWR AVE**
 CITY-ST-ZIP **CHICAGO IL**

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN W. DWYER
E.V.P., C.F.O. AND TREASURER

Date

Daytime Phone #

4/27/01

773/380-3000

CR2E034 (10/00)