

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P15905

1. Entity Name

HO. TAMPA DEVELOPMENT CO.

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90309 032 \*\*\*150.00

0387912

Principal Place of Business

3333 BEVERLY RD  
HOFFMAN ESTATES IL 60179  
US

Mailing Address

3333 BEVERLY RD  
768TAX, B2-095B  
HOFFMAN ESTATES FL 60179  
US

040419

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

768TAX, B2-095B

City & State

City & State

DO NOT WRITE IN THIS SPACE



4. FEI Number 36-3561230

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, 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 DV  
NAME DOUGLASS, RONALD ☐ Delete  
STREET ADDRESS 333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL

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

TITLE DT  
NAME PETERSON, ALICE M ☐ Delete  
STREET ADDRESS 333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE VD  
NAME CHARLES MAY ☒ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☒ Delete  
NAME GARNANT, CAROL  
STREET ADDRESS 3333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL

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

TITLE S ☐ Delete  
NAME BERGHEL, VICTORIA  
STREET ADDRESS 333 BEVERLY ROAD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

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

TITLE AS ☐ Delete  
NAME GRIFFIN, KIMBERLY  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☒ Change ☒ Addition  
NAME CARRIE COZZI  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES, IL 60179

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 all other like empowered.

SIGNATURE:

*Carrie Cozzi*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/01

Date

Daytime Phone #

CR2E034 (10/00)