

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23386

1. Entity Name

DELPHI CAPITAL CORP.

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

02-05-2000 90019 005 ***150.00

Principal Place of Business

2000 N RACINE AVE #4400
CHICAGO IL 60614

Mailing Address

2000 N RACINE AVE #4400
CHICAGO IL 60614-4045

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3383231**

Applied For

Not Applied

Zip

Country

Zip

Country

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

HUSS, JOSEPH J
1901 HARRISON ST
SUITE 1000
HOLLYWOOD FL 33020

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DITKOWSKY, BURTON
433 BRIAR PLACE
CHICAGO IL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ADAMS, DOUGLAS A
3000 N SHERIDAN
CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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Adams, Douglas A.
1131 West Morse Avenue
Chicago, IL ☒ Change ☐ Additio

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Adams, President 1-70-00

Date

773-248-8875

Daytime Phone #