

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90090 047 ***150.00

DOCUMENT # P32042

1. Entity Name

POE & ASSOCIATES OF ILLINOIS, INC.

Principal Place of Business

Mailing Address

401 E JACKSON ST
 SUITE 1700
 TAMPA FL 33602

PO BOX 1348
 P.O. BOX 1348
 TAMPA FL 33601-1348
 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 **36-3660351**

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

GRAMMIG, LAUREL L.
401 E JACKSON ST
SUTIE 1700
TAMPA FL 33602

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RATH, JOHN F.	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	CR	<input type="checkbox"/> Delete
NAME	BROWN, J HYATT	
STREET ADDRESS	220 S RIDGWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	REIMANN, KATHY	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	S/DIVP	<input type="checkbox"/> Delete
NAME	GRAMMIG, LAUREL L.	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	HESTER, JOHN	
STREET ADDRESS	401 E JACKSON ST SUITE 1700	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HENDERSON, JIM	
STREET ADDRESS	220 S RIDGEWOOD AVE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	Ken Petersen President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	401 E Jackson St, Ste. 1700	
STREET ADDRESS	Tampa FL 33602	
CITY-ST-ZIP		
TITLE	EVP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Sousa	
STREET ADDRESS	401 E Jackson St., Ste. 1700	
CITY-ST-ZIP	Tampa FL 33602	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1-034 (9/99)

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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:

Laurel L. Grammig
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/00

Date

813-222-4277

Daytime Phone #