

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32042

1. Entity Name
POE & ASSOCIATES OF ILLINOIS, INC.

Principal Place of Business

401 E JACKSON ST
SUITE 1700
TAMPA FL 33602
US

Mailing Address

PO BOX 1348
P.O. BOX 1348
TAMPA FL 33601
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
SUITE 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME PETERSEN, KEN
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE C
NAME BROWN, J HYATT
STREET ADDRESS 220 S RIDGWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL ☐ Delete

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

TITLE AVP
NAME REIMANN, KATHY
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE SDV
NAME GRAMMIG, LAUREL L.
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY-ST-ZIP TAMPA FL ☐ Delete

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

TITLE EVP
NAME SOUSA, TOM
STREET ADDRESS 401 E JACKSON ST SUITE 1700
CITY-ST-ZIP TAMPA FL ☒ Delete

TITLE VP AS
NAME Thomas M. Donegan, Jr
STREET ADDRESS 401 E Jackson St., Ste. 1700
CITY-ST-ZIP Tampa FL 33602 ☐ Change ☒ Addition

TITLE T
NAME HENDERSON, JIM
STREET ADDRESS 220 S RIDGEWOOD AVE
CITY-ST-ZIP DAYTONA BEACH FL ☒ Delete

TITLE T
NAME Cory T. Walker
STREET ADDRESS 220 S. Ridgewood Ave
CITY-ST-ZIP Daytona Beach FL 32114 ☐ Change ☒ Addition

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

7/12/01

813-222-4277

Date

Daytime Phone #

0120566
AT

CR2E034 (5/01)

FILED
Jul 31, 2001 8:00 am
Secretary of State
07-31-2001 90237 017 ***550.00



DO NOT WRITE IN THIS SPACE