

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33511

1. Entity Name

FLORIDA RSA #8, INC.

**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90151 004 \*\*\*550.00

Principal Place of Business

UNITED STATES CELLULAR  
6110 N W 4TH PLACE  
GAINESVILLE FL 32607  
US

Mailing Address

8410 W BRYN MAWR AVE STE 700  
SUITE 700  
CHICAGO IL 60631-3486  
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

51-0332311

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET BLVD.  
TALLAHASSEE FL 32301

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 13, 2000 Min. 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 ☐ Delete  
NAME NELSON, DONALD H.  
STREET ADDRESS 8410 W BRYN MAWR STE 700  
CITY-ST-ZIP CHICAGO IL

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

TITLE VT ☐ Delete  
NAME MEYERS, KENNETH R.  
STREET ADDRESS 8410 W BRYN MAWR STE 700  
CITY-ST-ZIP CHICAGO IL

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

TITLE S ☐ Delete  
NAME FITZELL, STEPHEN P.  
STREET ADDRESS ONE FIRST NATIONAL PLAZA  
CITY-ST-ZIP CHICAGO IL

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

TITLE D ☐ Delete  
NAME CARLSON, LEROY T. JR.  
STREET ADDRESS 30 N LASALLE ST STE4000  
CITY-ST-ZIP CHICAGO IL

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

TITLE TV ☐ Delete  
NAME ZANDER, JAMES J.  
STREET ADDRESS 8410 W BRYN MAWR STE 700  
CITY-ST-ZIP CHICAGO IL

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

TITLE AS ☐ Delete  
NAME KROSHE, MARK A  
STREET ADDRESS 8410 W BRYN MAWR, SUITE 700  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature Required* *Asst. Secretary 7/21/00 773-399-8912*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)