

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40821

1. Entity Name

YOUR STORY HOUR INC.

Principal Place of Business

464 WEST FERRY, BOX 15
BERRIEN SPRINGS MI 49103

Mailing Address

464 WEST FERRY, BOX 15
BERRIEN SPRINGS MI 49103-0015

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

38-1549983

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

GONZALEZ, DAVID
POST OFFICE BOX 21
7812 ROSE AVENUE
ORLANDO FL 32810

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD ☐ Delete
NAME FELDBUSH, MARTHA J
STREET ADDRESS 18 SERPENTINE COURT
CITY-ST-ZIP SILVER SPRING MD 30904

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

TITLE TD ☐ Delete
NAME RENTON, SUZANNE
STREET ADDRESS 4936 RIVERSIDE
CITY-ST-ZIP BERRIEN SPRINGS MI 49103

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

TITLE CD ☐ Delete
NAME THOMPSON, WALTER
STREET ADDRESS 40 SOUTH CLAY, SUITE 217
CITY-ST-ZIP HINDSDALE IL 60521

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

TITLE BMD ☐ Delete
NAME VAN ORMAN, ROBERT
STREET ADDRESS 821 PHILLIPPA STREET
CITY-ST-ZIP HINDSDALE IL 60521

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

TITLE PD ☐ Delete
NAME TRUMBO, ELAINE
STREET ADDRESS TMM-BOX 105
CITY-ST-ZIP BERRIEN SPRINGS MI 49103

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

TITLE BMD ☐ Delete
NAME LITTLE, III, ROBERT
STREET ADDRESS 4849 E. HILLCREST
CITY-ST-ZIP BERRIEN SPRINGS MI 49103

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

03-06-2000 90123 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)