

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078735

1. Entity Name

ALL AMERICA HOLDING GROUP, INC.

**FILED**  
**Apr 13, 2000 8:00 am**  
**Secretary of State**

04-13-2000 90043 008 \*\*\*150.00

Principal Place of Business

Mailing Address

6359 EDGEWATER DR.  
ORLANDO FL 32810  
US

3333 BEVERLY RD  
768TAX. 85-220B/B  
HOFFMAN ESTATES IL 60179-0001  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3233224

Applied For

Not Applicable

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

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 VP ☒ Delete  
NAME TOLL, MICHAEL C  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

TITLE P/D ☐ Change ☒ Addition  
NAME Robert Bruce Case  
STREET ADDRESS 6359 Edgewater Drive  
CITY-ST-ZIP Orlando, FL 32810

TITLE VT ☒ Delete  
NAME PIGOTT, JOHN  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES FL 60179

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

TITLE VS ☐ Delete  
NAME SCHNEIDER, PAMELA  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

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

TITLE AS ☒ Delete  
NAME BUKOLT, REBECCA W  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

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

TITLE D ☒ Delete  
NAME LACY, ALAN A  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS ☐ Change ☒ Addition  
NAME Carla Matthews  
STREET ADDRESS 3333 Beverly Road  
CITY-ST-ZIP Hoffman Estates, IL 60179

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carla Matthews

Date

Daytime Phone #

4/6/00

CR2E034 (9/99)