

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000080548

1. Entity Name

15190 PRESTONWOOD BOULEVARD INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90248 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308-7707  
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

36-3985541

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

TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32308

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	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	GOOD, LUANNE K	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	EDELMAN, HOWARD	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VTAS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROGER E.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVAS	<input type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SMITH, JEFFREY L	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL 32308	

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mauzy Tognarelli	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger E. Smith	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas D. McCarthy	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE	DVAT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynne Quick	
STREET ADDRESS	1801 Hermitage Blvd., #600	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE	VAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Kurnick	
STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	Chicago, IL 60601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett, Director

Date

850/488-4406

Daytime Phone #

CR2E034 (9/99)