

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000090942

Entity Name

1314 MARQUETTE AVENUE INC.

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

04-18-2000 90248 018 ***150.00

Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308

1801 HERMATIGE 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

6. Name and Address of Current Registered Agent

4. FEI Number

36-3995917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> Delete
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD	
CITY-ST-ZIP	TALLAHASSEE FL	
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 checked="" type="checkbox"/> Delete
NAME	EDELMAN, HOWARD J.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	DVAS	<input checked="" type="checkbox"/> Delete
NAME	HORTON, JAMES W	
STREET ADDRESS	1801 HERMITAGE BLVD., SUITE 600	
CITY-ST-ZIP	TALLAHASSEE FL 32308	
TITLE	VTAS	<input checked="" type="checkbox"/> Delete
NAME	SMITH, ROGER E.	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	MCCARTHY, THOMAS D	
STREET ADDRESS	180 N. LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Maury 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	V	<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	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		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas W. Bennett
Douglas W. Bennett, Director 850/488-4406

Date

Daytime Phone #

CR2E034 (9/99)