

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
00 JUN 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000029565
1. Entity Name
FRANKLIN ARMS COURT, INCORPORATED

Principal Place of Business: 2423 FIRST STREET, FORT MYERS, FLORIDA 33901
Mailing Address: SAME

2. Principal Place of Business: 2423 FIRST STREET
3. Mailing Address: 2423 FIRST STREET
Suite, Apt. #, etc.

City & State: FORT MYERS, FLORIDA
Zip: 33957
Country: Lee

4. FEI Number: 36-2795406
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ECONOMOU, JAMES S
2507 BLIND PASS COURT
SANIBEL ISLAND, FL 33957

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: _____ DATE: _____
Signature typed or printed name of registered agent and used as applicable. (NOTE: Registered Agent signature required when renewing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: PRESIDENT - DIRECTOR <input type="checkbox"/> Delete	NAME: JAMES S. ECONOMOU
STREET ADDRESS: 2507 BLIND PASS COURT	CITY-ST-ZIP: SANIBEL ISLAND, FL 33957
TITLE: VICE-PRESIDENT - DIRECTOR <input type="checkbox"/> Delete	NAME: STEVE J. ECONOMOU
STREET ADDRESS: 3412 MAIN STREET	CITY-ST-ZIP: SKOKIE, ILLINOIS 60076
TITLE: SECRETARY - DIRECTOR <input type="checkbox"/> Delete	NAME: THOMAS V. ECONOMOU
STREET ADDRESS: 3412 W. MAIN STREET	CITY-ST-ZIP: SKOKIE, ILLINOIS 60076
TITLE: TREASURER - DIRECTOR <input type="checkbox"/> Delete	NAME: JOHN W. ECONOMOU
STREET ADDRESS: 3412 W. MAIN STREET	CITY-ST-ZIP: SKOKIE, ILLINOIS 60076
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Delete	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 500003315785	CITY-ST-ZIP: -07/07/00--01014--008
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: 500003315785	CITY-ST-ZIP: -07/07/00--01014--008
TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
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(2)(f), 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 an other title empowered.

SIGNATURE: John W. Economou Date: 6/28/00 847-675-8884