

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063434

1. Entity Name  
**WEINSTEIN FAMILY SERVICES, INC.**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90460 045 \*\*\*150.00

Principal Place of Business

111 SKOKIE BLVD.  
WILMETTE IL 60091

Mailing Address

4126 NORLAND AVE.  
BURNABY BC., CANADA V5G 3S8

2. Principal Place of Business

3. Mailing Address

2225 SHEPPARD AVENUE EAST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

ATRIA NORTH III - 11TH FLOOR

City & State

City & State  
TORONTO, ONTARIO

4. FEI Number **59-3337916**

Applied For  
Not Applicable

Zip

Country

Zip

M2J 5B5

Country

CANADA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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, 2001 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** ☐ Delete  
NAME **WEEDON, MICHAEL G**  
STREET ADDRESS **4126 NORLAND AVENUE**  
CITY-ST-ZIP **BURNABY BC CA V5-G3S8**

TITLE **V** ☐ Delete  
NAME **HYNDMAN, PETER S.**  
STREET ADDRESS **4126 NORLAND AVENUE**  
CITY-ST-ZIP **BURNABY BC CA V5-G3S8**

TITLE **DVP** ☒ Delete  
NAME **CASHNER, JEFFREY**  
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**  
CITY-ST-ZIP **CONROE TX 77304**

TITLE **P** ☐ Delete  
NAME **WEINSTEIN, ROBERT A.**  
STREET ADDRESS **24100 N. HIGHWAY 45**  
CITY-ST-ZIP **VERNON HILLS IL 60061-3180**

TITLE **DC** ☒ Delete  
NAME **WEINSTEIN, JOEL**  
STREET ADDRESS **111 SKOKIE BLVD.**  
CITY-ST-ZIP **WILMETTE IL 60091**

TITLE **VP** ☒ Delete  
NAME **GILCHRIST, SEAN M**  
STREET ADDRESS **3205 WEST DAVIS, SUITE 200A**  
CITY-ST-ZIP **CONROE TX 77304**

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DAS** ☐ Change ☒ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

SEE ATTACHED LIST OF ALL DIRECTORS AND OFFICERS

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

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

TITLE ☐ Change ☐ 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:

(Peter S. Hyndman)

March 6, 2001

(416) 498-2451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

Business: 24100 N. Highway 45  
Vernon Hills, IL 60061-3180