

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000103376**

1. Entity Name

BLISS MCKNIGHT OF FLORIDA, INC.**FILED****Jan 21, 2000 8:00 am**
Secretary of State

01-21-2000 90059 016 ***150.00

704885

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

**2801 EAST EMPIRE STREET
P.O. BOX 157
BLOOMINGTON IL 61702-0157****ATTN: ROBERT MATHEWSON
P.O. BOX 157
BLOOMINGTON IL 61702-0157**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4157335

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
1200 S 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BLISS, JAMES I	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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EVPD	MCKNIGHT, JOHN J	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VPST	MATHEWSON, ROBERT E	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VP	MENTZER, ROBERT E	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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VP	NAYLOR, DAN	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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AVP	SHEPARD, ROBERT W	2801 EAST EMPIRE STREET	BLOOMINGTON IL 61704	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
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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

Robert Mathewson

1/10/2000

Date

309-663-1393

Daytime Phone #

CR2E034 (9/99)