

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000014738

1. Entity Name

PIPER'S GLEN, INC.

FILED

May 18, 2000 8:00 am
Secretary of State

05-18-2000 90289 025 ***150.00

Principal Place of Business

1600 GOLF RD
SUITE 750
ROLLING MEADOWS IL 60008
US

Mailing Address

1600 GOLF ROAD
SUITE 750
ROLLING MEADOWS IL 34677-2466
US

2. Principal Place of Business

1032 East Lake Club Dr.
Suite, Apt. #, etc.

3. Mailing Address

1032 East Lake Club Dr.
Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

65-0731928

Applied For

Not Applicable

Zip

34677

Country

Zip

34677

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOMBACH, GEOFFREY S
899 WEST CYPRESS CREEK ROAD
SUITE 812
FORT LAUDERDALE FL 33309

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
NAME STARNES, BOB MR. ☐ Delete
STREET ADDRESS 1600 GOLF ROAD, SUITE 750
CITY-ST-ZIP ROLLING MEADOWS IL 60008

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1032 East Lake Club Drive
CITY-ST-ZIP Oldsmar FL 34677

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)