

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2001 8:00 am
Secretary of State

08-07-2001 90010 031 ***550.00

DOCUMENT # P97000080216

1. Entity Name
CACHO, INC.

Principal Place of Business
 2626 N. LAKEVIEW APT. 1808
 CHICAGO IL 60614

Mailing Address
 2626 N. LAKEVIEW APT. 1808
 CHICAGO IL 60614

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANIDEL, FL

City & State

SANIDEL, FL

4. FEI Number

65-0782453

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CAPITAL CONNECTION, INC.
417 E. VIRGINIA STREET
STE. 1
TALLAHASSEE FL 32302

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 **DP** ☐ Delete
 NAME **CAHILL, JEROME F JR**
 STREET ADDRESS **200 EAST RANDOLPH, 76TH FLOOR**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE **DST** ☐ Delete
 NAME **BERGSTROM, CHARLES W**
 STREET ADDRESS **2626 N. LAKEVIEW APT. 1808**
 CITY-ST-ZIP **CHICAGO IL 60614**

TITLE **DVP** ☐ Delete
 NAME **MAGNUSON, WILLIAM R**
 STREET ADDRESS **17336 OKETO ST.**
 CITY-ST-ZIP **TINLEY IL 60477**

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
 CITY-ST-ZIP

TITLE **DST** ☒ Change ☐ Addition
 NAME **CHARLES W. BERGSTROM**
 STREET ADDRESS **1049 SEAHAWK LN.**
 CITY-ST-ZIP **SANIDEL, FL 33957**

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

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:

Charles W. Bergstrom
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-31-01 941 472-1511

0130795 AT

CR2E034 (5/01)