

2000 UNIFORM BUSINESS REPORT (UBR)

P8192

DOCUMENT # P98000057566

1. Entity Name

NEW TAMPA ENTERPRISES, INC.

FILED

00 AUG 10 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1504 EAST BEARSS AVE.
LUTZ FL 33549

Mailing Address

1504 EAST BEARSS AVE.
LUTZ FL 33549

2. Principal Place of Business

13000 Rockland Road

Suite, Apt. #, etc.

3. Mailing Address

13000 Rockland Road

Suite, Apt. #, etc.

City & State

LAKE BLUFF ILLINOIS

Zip

60044

Country

USA

City & State

LAKE BLUFF ILLINOIS

Zip

60044

Country

USA

4. FEI Number

59-3524661

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TOOLE, DANA G

38047 PASC0 AVE.

DADE CITY FL 33525

7. Name and Address of New Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS Street

City

TALLAHASSEE

FL

Zip Code

32301

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

8/9/00

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 13, 2000 Min. 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	<input checked="" type="checkbox"/> Delete
NAME	FERREIRA, RANDY F	
STREET ADDRESS	1504 EAST BEARSS AVE.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RAIRIGH, RAYMOND	
STREET ADDRESS	1504 EAST BEARSS AVE.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, RONALD	
STREET ADDRESS	1504 EAST BEARSS AVE.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	(D) CHAIRMAN and Chief Executive Officer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHEW M. NAGEL	
STREET ADDRESS	13000 Rockland Road	
CITY-ST-ZIP	LAKE BLUFF, ILLINOIS 60044	
TITLE	Chief Operating Officer (P)(S) (D)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	K. BLAIR NAGEL	
STREET ADDRESS	13000 Rockland Road	
CITY-ST-ZIP	LAKE BLUFF, ILLINOIS 60044	
TITLE	V.T.S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN J. GINGLER	
STREET ADDRESS	13000 Rockland Road	
CITY-ST-ZIP	LAKE BLUFF, ILLINOIS 60044	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

200003352672--2

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:

Matthew M. Nagel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/00

Date

847-604-5230

Daytime Phone #

CR2E034 (5/00)

P8292



ACCOUNT NO. : 072100000032

REFERENCE : 790699 4304312

AUTHORIZATION : *Patricia Pizutto*

COST LIMIT : \$ 550.00

ORDER DATE : August 8, 2000

ORDER TIME : 12:12 PM

ORDER NO. : 790699

CUSTOMER NO: 4304312

CUSTOMER: Stacy A. Manglaras, Paralegal
Jenner & Block
Suite 3700
One Ibm Plaza
Chicago, IL 60611

CHANGE OF AGENT

NAME: NEW TAMPA ENTERPRISES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Tamara Odom

RECEIVED
00 AUG 10 PM 12:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE FL 32304