.2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000100353 Jul 20, 2000 8:00 am 1. Entity Name **Secretary of State** THE ILLINI FIVE, INC. 07-20-2000 90023 008 ***555.00 Principal Place of Business Mailing Address 378 NEPTUNES BIGHT 378 NEPTUNES BIGHT NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3545569 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMAN, KEVIN G ESQ. Street Address (P.O. Box Number is Not Acceptable) **4001 TAMIAMI TRAIL NORTH** SUITE 300 NAPLES FL 34103 City 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) DATÉ FILE NOW!!! FEE IS \$550.00 9. ¡This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME HENNEMAN, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1001 WILLSHIRE DRIVE CITY-ST-ZIP CITY-ST-ZIP CHAMPAIGN IL 61821 TITLE ☐ Change ☐ Addition ☐ Delete NAME **BUERKETT, JOHN** NAME STREET ADDRESS STREET ADDRESS 1109 STERLING DRIVE CITY-ST-ZIP CITY-ST-ZIP CHAMPAIGN IL 61821 ☐ Addition TITLE Delete ___ TITLE Change ÑÃMF SMITH, DENNIS NAME BIGHT STREET ADDRESS STREET ADDRESS 679-NEPTUNES BIGHT CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Delete TITLE TITLE Change ☐ Addition NAME BROEREN, STUART NAME STREET ADDRESS STREET ADDRESS 3010 VALLEY BROOK DRIVE CITY-ST-ZIP CITY-ST-ZIP CHAMPAIGN IL 61821 TITLE Addition TITLE ☐ Delete Change NAME SCHMIDT, RICK NAME STREET ADDRESS 2207 VALLEY BROOK DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **CHAMPAIGN IL 61821** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of 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.