

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90416 008 ***150.00

DOCUMENT # P98000100353

1. Entity Name
THE ILLINI FIVE, INC.



Principal Place of Business
**305 NEPTUNES BIGHT
NAPLES FL 34103**

Mailing Address
**305 NEPTUNES BIGHT
NAPLES FL 34103**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

305 Neptunes Bight
Suite, Apt. #, etc.

3. Mailing Address

305 Neptunes Bight
Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

USA

Zip

34103

Country

USA

4. FEI Number

59-3545569

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLEMAN, KEVIN G ESQ.
4001 TAMiami TRAIL NORTH
SUITE 300
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name

Dennis E. Smith

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

305 Neptunes Bight

City

Naples

FL

Zip Code

34103

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-3-03

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **HENNEMAN, MICHAEL**
STREET ADDRESS **1001 WILLSHIRE DRIVE**
CITY-ST-ZIP **CHAMPAIGN IL 61821**

TITLE **VD** ☐ Delete
NAME **BUERKETT, JOHN**
STREET ADDRESS **1109 STERLING DRIVE**
CITY-ST-ZIP **CHAMPAIGN IL 61821**

TITLE **PD** ☐ Delete
NAME **SMITH, DENNIS**
STREET ADDRESS **305 NEPTUNES BIGHT**
CITY-ST-ZIP **NAPLES FL 34103**

TITLE **SD** ☐ Delete
NAME **BROEREN, STUART**
STREET ADDRESS **3010 VALLEY BROOK DRIVE**
CITY-ST-ZIP **CHAMPAIGN IL 61821**

TITLE **VD** ☐ Delete
NAME **SCHMIDT, RICK**
STREET ADDRESS **2207 VALLEY BROOK DRIVE**
CITY-ST-ZIP **CHAMPAIGN IL 61821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

12. 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 10 or Block 11 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

2-3-03

Date

238-434-9024

Daytime Phone #

CR2E034 (10/02)