

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104035

1. Entity Name

TMG USA, INC.

Principal Place of Business

22 EAST DUNDEE ROAD #2  
BARRINGTON IL 60010

Mailing Address

22 EAST DUNDEE ROAD #2  
BARRINGTON IL 60010-7410

2. Principal Place of Business

10698 OCEAN HIGHWAY

3. Mailing Address

10698 OCEAN HIGHWAY

Suite, Apt. #, etc.

P O Box 3135

Suite, Apt. #, etc.

P O Box 3135

City & State

PAWLEYS ISLAND, SC

City & State

PAWLEYS ISLAND, SC

Zip

29585

Country

USA

Zip

29585

Country

USA

4. FEI Number

59-2431854

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAMERON, CARA E  
2929 EAST COMMERCIAL BOULEVARD  
SUITE 410  
FORT LAUDERDALE FL 33308

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D  
NAME POULTER, SCOTT F  
STREET ADDRESS 16 BOULEVARD ALBERT THE FIRST  
CITY-ST-ZIP MONACO 9800 ☐ Delete

TITLE D  
NAME MCMASTER, PETER M  
STREET ADDRESS RIVERSIDE HOUSE 45 SWAN WALK SHEPPERTON  
CITY-ST-ZIP TW17 8LY ENGLAND ☐ Delete

TITLE P  
NAME HUNDERFUND, ROBERT  
STREET ADDRESS 22 E. DUNDEE RD., STE 22  
CITY-ST-ZIP BARRINGTON IL 60010 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE P  
NAME PARADISO, KEN  
STREET ADDRESS 207 PARKVIEW DRIVE  
CITY-ST-ZIP PAWLEYS ISLAND SC, 29585 ☐ Change ☒ Addition

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

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

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

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

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

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 #

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90565 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)