

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045275

1. Entity Name
CHICAGO PRIME, INC.

FILED
00 JUN 20 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 11924 W. Forest Hill Blvd.
Suite 21
Wellington, FL 33414

Mailing Address 3 South Meadow Court
South Barrington, IL 60010

2. Principal Place of Business 11924 W. Forest Hill Blvd.
Suite, Apt. #, etc. Suite 21
City & State Wellington, FL

3. Mailing Address 14285 Stroller Way
Suite, Apt. #, etc.
City & State Wellington, FL

Zip FL **Country** USA **Zip** 33414 **Country** USA

4. FEI Number 65-0929550 **Applied For** ☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

7. Name and Address of New Registered Agent
Name Scott F. Verdung
Street Address (P.O. Box Number is Not Acceptable) 14285 Stroller Way
City Wellington FL Zip Code 33414

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 Scott F. Verdung **Scott F. Verdung** **June**, 2000
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. ☐ **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

TITLE President <input type="checkbox"/> Delete	NAME Barbara A. Verdung
STREET ADDRESS 11924 W. Forest Hill Blvd., Ste. 21	CITY-ST-ZIP Wellington, FL 33414
TITLE Vice President <input type="checkbox"/> Delete	NAME Scott F. Verdung
STREET ADDRESS 11924 W. Forest Hill Blvd., Ste. 21	CITY-ST-ZIP Wellington, FL 33414
TITLE Secretary <input type="checkbox"/> Delete	NAME Barbara A. Verdung
STREET ADDRESS 11924 W. Forest Hill Blvd., Ste. 21	CITY-ST-ZIP Wellington, FL 33414
TITLE Treasurer <input type="checkbox"/> Delete	NAME Scott F. Verdung
STREET ADDRESS 11924 W. Forest Hill Blvd., Ste. 21	CITY-ST-ZIP Wellington, FL 33414
TITLE Director <input type="checkbox"/> Delete	NAME Scott F. Verdung
STREET ADDRESS 11924 W. Forest Hill Blvd., Ste. 21	CITY-ST-ZIP Wellington, FL 33414
TITLE <input type="checkbox"/> Delete	NAME
STREET ADDRESS	CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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

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: Scott F. Verdung **Scott F. Verdung** **6-16-00** **561-792-4688**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)