

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** P99000076849 ✓  
**1. Entity Name**  
 Graebel/Jacksonville Movers, Inc.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90018 039 \*\*\*150.00  
 05-13-2000 90045 018 \*\*\*150.00

**Principal Place of Business**      **Mailing Address**  
 6921 Phillips Industrial Blvd.      6921 Phillips Industrial Blvd.  
 Jacksonville, FL 32256      Jacksonville, FL 32256

**2. Principal Place of Business**      **3. Mailing Address**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

**4. FEI Number**      Applied For  
 91-1997372      Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

**7. Name and Address of New Registered Agent**  
 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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**

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	
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	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David W. Graebel	
STREET ADDRESS	16346 E. Airport Circle	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Benjamin D. Graebel	
STREET ADDRESS	16346 E. Airport Circle	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William H. Graebel	
STREET ADDRESS	16346 E. Airport Circle	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	G. Lane Ware	
STREET ADDRESS	500 Third Street, Suite 700	
CITY-ST-ZIP	Wausau, WI 54403	
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lois G. Graebel	
STREET ADDRESS	16346 E. Airport Circle	
CITY-ST-ZIP	Aurora, CO 80011	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gene C. Lee	
STREET ADDRESS	16346 E. Airport Circle	
CITY-ST-ZIP	Aurora, CO 80011	

**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:**       **4/27/00**      **(715) 845-4336**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      **G. Lane Ware, Vice President**      Date      Daytime Phone #

CR2E034 (9/99)