

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

03-29-2002 91400 017 \*\*\*\*61.25

**DOCUMENT # 703971**

1. Entity Name

**ILLINOIS APARTMENTS, INC.**

Principal Place of Business

Mailing Address

1501 SE 15TH COURT  
 DEERFIELD BEACH FL 33441  
 US

500 E. SPANISH ROVER BLVD  
 SUITE 18  
 BOCA RATON FL 33431  
 US

2. Principal Place of Business

3. Mailing Address

500 NE Spanish River Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 18

City & State

City & State

Boca Raton, FL

4. FEI Number

59-1879079

Applied For

Not Applicable

Zip

Country

Zip

Country

33431

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIS, ERNEST**  
**BEACON PROPERTY MANAGEMENT**  
**500 E. SPANISH RIVER BLVD #18**  
**BOCA RATON FL 33431**

Name  
**Ernest Willis**  
 Street Address (P.O. Box Number is Not Acceptable)  
~~c/o Beacon Property Management, Inc.~~  
**500 NE Spanish River Blvd. #18**  
 City  
**Boca Raton** **FL** Zip Code  
**33431**

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 \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	VELEPEC, HUBERT	
STREET ADDRESS	1501 SE 15TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PEARSE, GLADYS	
STREET ADDRESS	1501 SE 15TH CT #101	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	KALINA, BETTY	
STREET ADDRESS	1501 S.E. 15TH COURT, #201	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	DT	<input type="checkbox"/> Delete
NAME	LOBUGLIO, VICTOR	
STREET ADDRESS	1501 SE 15TH CT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUEDGER, RONALD	
STREET ADDRESS	1501 SE 15 COURT	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Velepec, Hubert	
STREET ADDRESS	1501 SE 15th CT #301	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Armstrong, Gary	
STREET ADDRESS	1501 SE 15th CT #204	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lobuglio, Victor	
STREET ADDRESS	1501 SE 15th CT #402	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruedger, Ronald	
STREET ADDRESS	1501 SE 15th CT #105	
CITY-ST-ZIP	Deerfield Beach, FL 33441	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: \_\_\_\_\_

*Ernest Willis*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Pres.*

Date

Daytime Phone #

CR2E037 (9/01)

0096238