## **2000 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE:

ith an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

## FILED DOCUMENT # **G03499** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name INTERVEST SOUTHERN REAL ESTATE CORPORATION 04-18-2000 90205 040 \*\*\*150.00 Principal Place of Business Mailing Address 2901 BUTTERFIELD ROAD 300 NORTH FRANKLIN STREET TAMPA FL 33602 OAK BROOK IL 60523-1106 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2230516 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Channe □ Addition TITLE ☐ Delete TITLE MATLIN, ROBERTA S. NAME NAME STREET ADDRESS STREET ADDRESS 2901 BUTTERFIELD RAOD CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL Change Addition TITLE VD. □ Delete TITLE DelRosso, Patricia A. (See attached CHALLENGER, PATRICIA A NAME NAME STREET ADDRESS STREET ADDRESS 2901 BUTTERFIELD RD. CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME LYNCH, CATHERINE L. NAME STREET ADDRESS STREET ADDRESS 2901 BUTTERFIELD RD. CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL ☐ Delete TITLE Change Addition TITLE NAME ZALATORIS, MARK NAME STREET ADDRESS STREET ADDRESS 2901 BUTTERFIELD ROAD CITY-ST-ZIP CITY-ST-ZIP OAK BROOK IL Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

CATHERINE L. LYNCH