

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 05, 2004 8:00 am
Secretary of State

02-05-2004 90015 050 ***150.00

DOCUMENT # G03499

1. Entity Name

INTERVEST SOUTHER REAL ESTATE
CORPORATION



DO NOT WRITE IN THIS SPACE

94010376

2. Principal Place of Business
300 North Franklin Street

Suite, Apt. #, etc.

3. Mailing Address
2901 Butterfield Road

Suite, Apt. #, etc.

City & State
Tampa, Florida

City & State
Oak Brook, Illinois

Zip
33602

Country

Zip
60523

Country
DuPage

4. FEI Number
59-2230516

Applied For
Not Applicable

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

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City
Plantation

FL Zip Code
33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President - Matlin, Roberta S.
2901 Butterfield Road
Oak Brook, Illinois 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President - DelRosso, Patricia A.
2901 Butterfield Road
Oak Brook, Illinois 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary/Treasure - Lynch, Catherine L.
2901 Butterfield Road
Oak Brook, Illinois 60523

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Vice President - Horalewskyj, Ulana B.
2901 Butterfield Road
Oak Brook, Illinois 60523

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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 607, Florida Statutes; and that my name appears in Block 10 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 #

CATHERINE L. LYNCH 1-6-04 (630) 218-8000