

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000002556**

1. Entity Name

LAKE VIEW REALTY & MANAGEMENT, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG 28 AM 10: 02

Principal Place of Business

218 NORTH JEFFERSON, SUITE 400
CHICAGO IL 60661

Mailing Address

218 NORTH JEFFERSON, SUITE 400
CHICAGO IL 60661



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

800 Fifth Ave

Suite, Apt. #, etc.

Suite 203

City & State

Naples, FL

Zip

34102

Country

US

3. Mailing Address

800 Fifth Avenue

Suite, Apt. #, etc.

Suite 203

City & State

Naples, FL

Zip

34102

Country

US

4. FEI Number

91-2028352

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASSIDOMO, KATHLEEN C ESQ
KELLY PRICE PASSIDOMO & SIKET
2640 GOLDEN GATE PARKWAY, SUITE 315
NAPLES FL 34105

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JONES, YVONNE
218 NORTH JEFFERSON
CHICAGO IL 60661 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
BEN ADAMS
110 E. 59TH ST
NEW YORK, NY 10022 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DON ANDERSON
800 FIFTH AVE STE 203
NAPLES, FL 34102 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/6/00
Date

312 855 9919
Daytime Phone #

CR2E083 (5/00)