## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **N96000005394**

1. Entity Name

10100 SANTA MONICA, INC.



**FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90140 049 \*\*\*\*61.25

Principal Pla	ce of Business	Mailing Address							
1801 HERMITAGE BLVD.		1901 HERMITAGE BLVD.							
SUITE 600 TALLAHASSEE FL 32308		SUITE 600							
IALLAMASSEE	FL 32308	TALLAHASSEE FL 32308				CIAIR CRIIS ARIIA COM CERTO CA	1 ATTO 1111 (9)		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt	# etc	Suite, Apt. #, etc.							
_ '	te /10	Suite 100			☐ CHECK HERE IF MAKING CHANGES				
City & Sta		City & State			4. FEI Number 59-34 10291 Applied For			onlied For	
					Not Applicable			·	
Zip	Zip Country Z		Zip Country		5. Certificate of Status Desired See Required \$8.75 Additional Fee Required			ditional	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
TODD, DAVID E				Street Address (P.O. Box Number is Not Acceptable)					
	RMITAGE BLVD.		Street Address (			P.O. Box Number is Not Acceptable)			
SUITE 10	0								
TALLAHA	SSEE FL 32308			City			7:- 0	-	
				City		FL	Zip Cod	е	
8. The above	e named entity submits this statement for	the purpose of changing its	s registere	ed office or register	red agent, or both, in th	e State of Florida. I am fa	amiliar with,	and accept	
the obliga	tions of registered agent.							}	
SIGNATURE  SIgnature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, typed or printed name or registered agent an	id the irapplicable. (NOT	E: Registere	d Agent signature required	d when reinstaking)	DATE			
					_		, , , , , , , , , , , , , , , , , , , ,		
FILE NOW, FEE 13 301.23			Campaign Financing d Contribution.		\$5.00 May Be	Make Check			
		itusi runa t	JONINDUII	on.	Added to Fees	Florida Depart	ment of S	State	
10.	OFFICERS AND DIRE	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIF	ECTORS IN	110		
TITLE	D Delete		TITLE		ABBITIONO/OFIANGLE	TO OTTOLING AND DIT	☐ Change	Addition	
NAME	BENNETT, DOUGLAS W		NAM	•				Addmon	
STREET ADDRESS 1801 HERMITAGE BLVD. SUITE 600		0	STRE	ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY	-ST-ZIP					
TITLE	VT	☐ Delete	TITLE				Change	Addition	
NAME	SMITH, ROGER E		NAMI	: ·					
	180 N LASALLE ST		STRE	ET ADDRESS				1	
CITY-ST-ZIP	CHICAGO IL 60601	والمجود كالراسي واستعدام	CITY	ST-ZIP		المنابية والمنابعة	ده چيد	:	
TITLE	P	☐ Delete	TITLE				Change	Addition	
NAME	TOGNARELLI, MAURY		NAME	:					
	180 N LASALLE ST			ET ADDRESS					
CITY-ST-ZIP	CHICAGO IL 60601	- TA	CITY-	ST-ZIP					
TITLE	DVAT	☐ Delete	TITLE				☐ Change	☐ Addition	
NAME	GRAY, LYNNE M		NAME	į.				1	
STREET ADDRESS	1801 HERMITAGE BLVD SUITE 600			ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL 32308		CHY-	ST-ZIP					
TITLE	DVAS	☐ Delete	TITLE				Change	☐ Addition	
NAME CTREET ADDRESS	SMITH, JEFFREY L	* · •	NAME	Į.					
STREET ADDRESS	1801 HERMITAGE BLVD STE 100		•	ET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE FL		-	ST-ZIP					
TITLE	DIDOLTHOUSE S	☐ Delete	TITLE				Change	☐ Addition	
	BURDI, THOMAS M		NAME						
STREET ADDRESS CITY-ST-ZIP	180 N LASALLE ST CHICAGO IL 60601			T ADDRESS ST-ZIP					
	certify that the information supplied with the	ala dilla a ale con de 199 de							
		un tunca doce not avalifu fo-	the ever	antion atatad in Ca	Ation 110 07/9\/\(\) Elacia	4 a 174 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	all the second of		

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:

MASURFACEUIRED

2/1//03

(312) 855-5700