

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90040 038 ***150.00

DOCUMENT # F00000000521

1. Entity Name

TMT LAKERIDGE AT THE MOORS, INC.

Principal Place of Business

ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO IL 60611-1901

Mailing Address

ATTN: S. MCCLINTOCK
875 NORTH MICHIGAN AVE., 41ST FLOOR
CHICAGO IL 60611-1901

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

94-3346457

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME COOK, ROBERT J
STREET ADDRESS 1473 CANTIGNY WAY
CITY-ST-ZIP WHEATON IL 60187TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME COLE, ELIZABETH S
STREET ADDRESS 55 EAST 52ND STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10055TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME MURPHY, JEAN-MARIE T
STREET ADDRESS 55 EAST 52ND STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10055TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☒ Delete
NAME HAMOR, ROBERT H
STREET ADDRESS 55 EAST 52ND STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10055TITLE ST ☐ Change ☒ Addition
NAME Paula M. Ferkull
STREET ADDRESS 875 N. Michigan Ave., 41st Fl.
CITY-ST-ZIP Chicago, Illinois 60611TITLE V ☐ Delete
NAME LEITNER, CHARLES B III
STREET ADDRESS 55 EAST 52ND STREET, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10055TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE V ☐ Delete
NAME STEPPE, STEPHEN M
STREET ADDRESS 745 CHILTERN ROAD
CITY-ST-ZIP HILLSBOROUGH CA 94010TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paula M. Ferkull January 30, 2001

Treasurer/Secretary (312) 266-9300

Date

Daytime Phone #

CR2E034 (10/00)