

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 04, 2001 8:00 am**
Secretary of State

05-04-2001 90108 034 ***150.00

DOCUMENT # 288814

1. Entity Name

BAYOU MANAGEMENT CO.

Principal Place of Business

7979 BAYOU CLUB BOULEVARD
LARGO FL 33777
US

Mailing Address

7979 BAYOU CLUB BOULEVARD
LARGO FL 34647
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33777

4. FEI Number **59-1089241**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

DAVIS, AILEEN S.
100 SO ASHLEY DRIVE
STE 1500
TAMPA FL 33602

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

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

TITLE	S	<input type="checkbox"/> Delete
NAME	RUBIN, DAVID M.	
STREET ADDRESS	222 N. LASALLE ST #800	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	HARLEY, KAREN H	
STREET ADDRESS	7979 BAYOU CLUB BLVD	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NASSAU, RICHARD J.	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CROWN, WILLIAM H.	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOODMAN, CHARLES H	
STREET ADDRESS	222 N. LASALLE ST #2000	
CITY-ST-ZIP	CHICAGO, IL 00000	
TITLE	T	<input type="checkbox"/> Delete
NAME	COHEN, MEL	
STREET ADDRESS	222 N. LASALLE ST. 1000	
CITY-ST-ZIP	CHICAGO IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Theresa O. Frankiewicz	
STREET ADDRESS	3600 Thayer Ct., Suite 100	
CITY-ST-ZIP	Aurora, IL 60504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Theresa O. Frankiewicz, Vice President

Date

Daytime Phone #

4/17/01

630/851-5490

CR2E034 (10/00)

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