

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-30-2002 91587 037 \*\*\*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 33777  
 US**

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

**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, 2002 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>RUBIN, DAVID M.</b>	
STREET ADDRESS	<b>222 N. LASALLE ST #800</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>FRANKIEWICZ, THERESA O</b>	
STREET ADDRESS	<b>3800 THAYER CT SUITE 100</b>	
CITY-ST-ZIP	<b>AURORA IL 60504</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>NASSAU, RICHARD J.</b>	
STREET ADDRESS	<b>222 N. LASALLE ST. 1000</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 00000</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CROWN, WILLIAM H.</b>	
STREET ADDRESS	<b>222 N. LASALLE ST. 1000</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 00000</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> Delete
NAME	<b>GOODMAN, CHARLES H</b>	
STREET ADDRESS	<b>222 N. LASALLE ST #2000</b>	
CITY-ST-ZIP	<b>CHICAGO, IL 00000</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>COHEN, MEL</b>	
STREET ADDRESS	<b>222 N. LASALLE ST. 1000</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

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	<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	
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: *Matt Kanzer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

as agent for  
 Bayou Mgt.  
 co.

**3-28-02**

**847-832-2436**

Date

Daytime Phone #

CR2E034 (9/01)