2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 557441** May 18, 2000 8:00 am Secretary of State 1. Entity Name INTEGRATED LIVING COMMUNITIES OF SARASOTA. INC. 05-18-2000 90300 048 ***158.75 Principal Place of Business Mailing Address 4540 BEE RIDGE RD 111 E WACKER DR SARASOTA FL 34233 STE 2400 CHICAGO IL 60601-4200 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1835706 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISL RD PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Vo After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back), 🤘 🐧 🤼 🕏 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition ☐ Delete TITLE NEIDICH, DANIEL N NAME NAME 85 BROAD STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10004 CITY-ST-ZIP CITY-ST-7IP Addition Delete ☐ Change TITLE TITLE KLINGHER, MICHAEL K NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS **NEW YORK NY 10004** CITY-ST-ZIP CITY-ST-ZIP VSGC ☐ Delete ☐ Change Addition LEVY, STEPHEN NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS NEW YORK NY 10004 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAUGHTON, KEVIN D NAME NAME 85 BROAD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10004** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE ROTHENBERG, STUART M NAME NAME 85 BROAD STREET STREET ADDRESS STREET ADDRESS NEW YORK NY 10004 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KAPLAN, WILLIAM B

CHICAGO IL 60640

111 E WALKER DR., STE 2400

SIGNING OFFICER OR DIRECTOR

Stephen J. Ley 4/24/00 G12/673-4333