## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #817245**

Principal Place of I	Business	Mailing Address	
- E. LAS OLAS BU L. LAUDERDALE FL		435 N. MICHIGAN AVE 600 CHICAGO IL 60611-4066 US	
2. Principal Place of Business		3. Mailing Address	<u> </u>
Suite, Apt. #, et	c.	Suite, Apt. #, etc.	<u></u>
City & State		City & State	
Zip	Country	Zip	Country

## FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90314 016 \*\*\*150.00

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2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address  Suite, Apt. #, etc.  City & State			DO NOT WRITE IN THIS SPACE					
				4.	4. FEI Number 59-1022684 App				1	
Zip	Country	Zip	Country	5.	Certificate of Status Desired		8.75 Add e Required			
-	6. Name and Address of Current I	Registered Agent		7.	Name and Address of New Regis	stered Ag	ent		]	
		-	Name	:	THE TOTAL CONTROL OF THE PROPERTY OF THE PROPE					
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324			Street Ad	Street Address (P.O. Box Number is Not Acceptable)						
			City			FL	Zip Code	<del></del>		
• The shave	named entity submits this statement for	the nurnose of changing its	registered office or I	registered a	gent or both in the State of Florida	1			1	
o. The above	trained entity sobrints this statement for	the purpose of changing its i	registered cines of	registered c	gone, or boar, in the state of transac					
SIGNATURE .	and the second									
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	Registered Agent signatur	e required wher	reinstating)	DATE	<del></del>			
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, 2000 Fee will be \$550.00 Make Check Payable to Department of St		50.00	10. Election Campaign Finance Trust Fund Contribution.	ing		O May Be to Fees		
11.	OFFICERS AND I	DIRECTORS	12.		DDITIONS/CHANGES TO OFFICE	RS AND D	IRECTORS	S IN 11	1	
TITLE	T	☐ Delete	TITLE	·			Change	Addition	6	
NAME	HAMPTON, WALTER	L'olore	NAME						66/6)	
STREET ADDRESS	200 E. LAS OLAS BLVD.		STREET ADDRESS						F034	
CITY-ST-ZIP	FT. LAUDERDALE FL		CITY-ST-ZIP						E	
TITLE	V	☐ Delete	TITLE				Change	Addition	5	
NAME	GREENBERG, H.		NAME							
STREET ADDRESS	200 E. LAS OLAS BLVD.		STREET ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE FL		CITY-ST-ZIP						}	
TITLE	V	☐ Delete	TITLE	-	للمجاوع ليواليس الشيالعي الرابات الأ	أحريب ا	Change	Addition		
NAME	GREENBERGER, S.L.		NAME							
STREET ADDRESS	200 E. LAS OLAS BLVD.		STREET ADDRESS							
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		CITY-ST-ZIP					_ <u></u>	-	
TITLE	PD D	☐ Delete	TITLE			į.	Change	Addition		
NAME	GREMILLION, R		NAME		•					
STREET ADDRESS	200 E LAS OLAS BLVD		STREET ADDRESS CITY-ST-ZIP						1	
CITY-ST-ZIP	FT LAUD FL 33301								1	
TITLE	ECCINGED I	🔼 Delete	TITLE	V .		ŧ:	xd Change	Addition		
NAME	Effinger, L   200 e las olas blvd		NAME STREET ADDRESS		ie, Bob				ļ	
STREET ADDRESS CITY-ST-ZIP	FT LAUD FL 33301		CITY-ST-ZIP		st Las Olas Blvd					
	S	П в.г		Ft. La	uderdale, FL 3330		Change	Addition	1	
TITLE NAME	KENNEY, C H	☐ Delete	TITLE NAME			·	Onunge	Addition		
STREET ADDRESS	435 N MICHIGAN AVE		STREET ADDRESS							
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP							
	certify that the information supplied with	this filing does not qualify for	the exemption state	ed in Sectio	n 119.07(3)(i), Florida Statutes. I fur	ther certify	that the ir	nformation	1	
indicatéd	on this report or <b>solo</b> plemental report is	true and accurate and that m	ov signature shall ha	eve the sam	e legal effect as if made under oath	: that I am	an officer	or director	1	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer of 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 attactiment with an address, with all other like empowered.

SIGNATURE:

EMATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR