

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 852287

1. Entity Name

FOX AND GROVE, CHARTERED, INCORPORATED

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90108 050 ***150.00

Principal Place of Business

Mailing Address

311 S WACKER DR
STE 6200
CHICAGO IL 60606-6622
US

311 S WACKER DR
STE 6200
CHICAGO IL 60606-6625
US

A0057812



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3030380**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ABBEY, DAVID
360 CENTRAL AVE
11TH FLOOR
ST. PETERSBURG FL 33701

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME FOX, SHAYLE P.
STREET ADDRESS ONE ROCKGATE LANE
CITY-ST-ZIP GLENCOE IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME GROVE, KALVIN M.
STREET ADDRESS 3110 2ND STREET WEST
CITY-ST-ZIP PASS-A-GRIFFIN FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME COHEN, LAWRENCE M.
STREET ADDRESS 1023 SHERIDAN ROAD
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME PINCUS, S. RICHARD
STREET ADDRESS 215 WEST ILLINOIS
CITY-ST-ZIP CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS 200 East Delaware
CITY-ST-ZIP Chicago, IL 60611 ☒ Change ☐ Addition

TITLE D
NAME KOFOED, RUSSELL M.
STREET ADDRESS 807 LINDEN
CITY-ST-ZIP WILMETTE IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GOLDMAN, JEFFREY S.
STREET ADDRESS 637 CHARLEMAGNE DRIVE
CITY-ST-ZIP NORTHBROOK IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Shayle P. Fox April 26, 2000 (312)876-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)