

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A05272**

1. Entity Name

THE CASSU INVESTMENT GROUP, LTD.

FILED

01 SEP 19 PM 12:17

Principal Place of Business

**C/O JOHN S. SHAPIRA
115 SOUTH LASALLE ST. SUITE 3500
CHICAGO IL 60603**

Mailing Address

**C/O JOHN S. SHAPIRA
115 SOUTH LASALLE ST. SUITE 3500
CHICAGO IL 60603**

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 26, 2001

City & State

City & State

4. FEI Number **36-6439516**

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

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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]

DATE

8-28-01

9. Capital Contributions
as Shown on record

\$78,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **F94000004381**
NAME **TOMBER CORPORATION**
STREET ADDRESS **115 S. LASALLE ST., #3500**
CITY-ST-ZIP **CHICAGO IL**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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DOCUMENT #

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE

[Signature]

8-8-01

Date

Daytime Phone #

STAPLE CHECK HERE

0003178 AB

10/2

CR2E003 (5/01)