

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A97000002111**  
 1. Entity Name  
**ATC/VANCOM MANAGEMENT SERVICES OF PENSACOLA, FLO**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR -6 PM 6:01



DO NOT WRITE IN THIS SPACE

Principal Place of Business      Mailing Address  
**ONE MID AMERICA PLAZA, SUITE 401**      **ONE MID AMERICA PLAZA, SUITE 401**  
**OAKBROOK TERRACE IL 60181**      **OAKBROOK TERRACE IL 60181-4704**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

4. FEI Number      Applied For  
**36-4185621**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      **\$49,500.00**      10. Amount of Capital Contributions in FLORIDA to date.      **-0-**      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 #	<b>F97000000953</b>
NAME	<b>ATC/VANCOM, INC.</b>
STREET ADDRESS	<b>ONE MID AMERICA PLAZA, SUITE 401</b>
CITY - ST - ZIP	<b>OAKBROOK TERRACE IL 60181</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>300003178649-5</b>
CITY - ST - ZIP	<b>-03/21/00--01110-026</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	<i>ATC 3/6</i>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: By: ATC/Vancom, Inc**      **SIGNATURE REQUIRED**      **1/24/00**      **630/571-7070**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #