

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000508

1. Entity Name

PORTERFIELD FAMILY LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

1010 JORIE BLVD., SUITE 124
OAK BROOK IL 60523

1010 JORIE BLVD., SUITE 124
OAK BROOK IL 60523-4447

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 25 AM 11:54



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1010 Jorie Blvd. #124

1010 Jorie Blvd. # 124

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Oak Brook, Illinois

Oak Brook, Illinois

Zip

Country

Zip

Country

60523-4447

USA

60523-4447

USA

4. FEI Number

36-4175386

Applied For

Not Applicable

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

WINER, STEVEN I

12800 UNIVERSITY DRIVE, SUITE 600

FORT MYERS FL 33907

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. Capital Contributions
as Shown on record.

\$950.00

10. Amount of Capital Contributions
in FLORIDA to date.

950.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

PORTERFIELD, HANK A
509 WOOD ROAD
OAK BROOK IL 60521

STREET ADDRESS

CITY - ST - ZIP

mf 316100

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Henry A. Porterfield

February 16, 2000

Date

630-990-7100

Daytime Phone #

CR2F003 (9/99)