

2002 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 60523-4447

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 25, 2002

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$950.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME PORTERFIELD, HANK A
STREET ADDRESS 509 WOOD ROAD
CITY-ST-ZIP OAK BROOK IL 60521

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

630-990-7100

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Henry A. Porterfield 7/12/02

Date

Daytime Phone #

CR2E003 (4/02)

00029862 AB

FILED

02 JUL 29 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



PORTERFIELD FAMILY LIMITED PARTNERSHIP

1010 Jorie Blvd. Oak Brook, IL 60523
Tel: (630) 990-7100 Fax: (630) 990-8134

2
FILED
02 JUL 29 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 15, 2002

Mr. Buck Kohr
Florida Dept. of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 23214

Re: 2002 Uniform Business Report

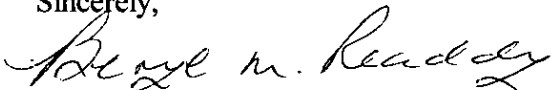
Dear Mr. Kohr:

We received in Saturday, July 14th mail the enclosed business report for filing. This is the first notice we have received; obviously an earlier notice went astray in the mail.

I am enclosing the report and check for 2002 as requested. If you need any further information please call me at 630-990-7100.

Thank you for your assistance.

Sincerely,



Beryl M. Readdy
Administrative Manager

Enclosure