

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B97000000508

1. Entity Name
PORTERFIELD FAMILY LIMITED PARTNERSHIP



Principal Place of Business
1010 JORIE BLVD., SUITE 124
OAK BROOK IL 60523-4447

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

FILED
03 MAR 18 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
1010 Jorie Blvd.

3. Mailing Address
1010 Jorie Blvd.

Suite, Apt. #, etc.
124

Suite, Apt. #, etc.
124

DUE BY MAY 1, 2003

City & State
Oak Brook, Illinois

City & State
Oak Brook, Illinois

4. FEI Number 36-4175386

Applied For
Not Applicable

Zip
60523

Country
USA

Zip
60523

Country
USA

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. \$950.00

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #
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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:

HENRY A. PORTERFIELD

3/12/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

630-990-7100

CR2E003 (10/02)

STAPLE CHECK HERE