

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90141 009 \*\*\*150.00

**DOCUMENT # F00000001671**

**1. Entity Name**  
**UNICORN FINANCIAL SERVICES, INC.**

**Principal Place of Business**

**3520 THOMASVILLE RD**  
**SUITE 500**  
**TALLAHASSEE FL 32308**

**Mailing Address**

**29 N WACKER DRIVE**  
**SUITE 603**  
**CHICAGO IL 60606**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**36-4179522**

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 SOUTH 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)** ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **CD** ☐ Delete  
**NAME** **LANDERS, JOSEPH W**  
**STREET ADDRESS** **3520 THOMASVILLE RD**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32308**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **Ochs, David**  
**STREET ADDRESS** **29 N. Wacker Drive, Suite 603**  
**CITY-ST-ZIP** **Chicago IL 60606**

**TITLE** **PS** ☐ Delete  
**NAME** **MILLS, CECIL LA DON**  
**STREET ADDRESS** **3520 THOMASVILLE RD**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32308**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **West, Alfred P.**  
**STREET ADDRESS** **One Freedom Valley Drive**  
**CITY-ST-ZIP** **Oaks PA 19456-1100**

**TITLE** **CAO** ☐ Delete  
**NAME** **KIMKOWSKI, ROBERTA J**  
**STREET ADDRESS** **29 N WACKER DRIVE SUITE 603**  
**CITY-ST-ZIP** **CHICAGO IL 60606**

**TITLE** **D** ☐ Change ☒ Addition  
**NAME** **Hammer, Frederick**  
**STREET ADDRESS** **712 5th Ave.**  
**CITY-ST-ZIP** **New York, NY 10019**

**TITLE** **CFO** ☐ Delete  
**NAME** **NANCE, BLAIR T**  
**STREET ADDRESS** **29 N WACKER DRIVE SUITE 603**  
**CITY-ST-ZIP** **CHICAGO IL 60606**

**TITLE** **VP** ☐ Change ☒ Addition  
**NAME** **Nicholas Hopfauf**  
**STREET ADDRESS** **1250 S. Clearview Ave., Suite 100**  
**CITY-ST-ZIP** **Mesa AZ 85208**

**TITLE** **D** ☐ Delete  
**NAME** **LIFFMANN, JOEL**  
**STREET ADDRESS** **200 GREENWICH AVE 3RD FLOOR**  
**CITY-ST-ZIP** **GREENWICH CT 06830**

**TITLE** **CD** ☒ Change ☐ Addition  
**NAME** **Landers, Joseph W.**  
**STREET ADDRESS** **3520 Thomasville Rd Suite 500**  
**CITY-ST-ZIP** **Tallahassee, FL 32308**

**TITLE** **D** ☐ Delete  
**NAME** **FEINBERG, LARRY N**  
**STREET ADDRESS** **200 GREENWICH AVE 3RD FLOOR**  
**CITY-ST-ZIP** **GREENWICH CT 06830**

**TITLE** **PS** ☒ Change ☐ Addition  
**NAME** **Mills, Cecil La Don**  
**STREET ADDRESS** **3520 Thomasville Rd Suite 500**  
**CITY-ST-ZIP** **Tallahassee FL 32308**

**13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** Roberta Kimkowski  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/02 312-759-3622

CR2E034 (9/01)