

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90052 020 ***150.00

0570461
 AV

DOCUMENT # F00000005151 *\$150.00*

1. Entity Name

FLORIDA TECHNICAL COLLEGE OF JACKSONVILLE, INC.

Principal Place of Business

**600 HART ROAD, STE. 125
 BARRINGTON IL 60010**

Mailing Address

**% SONNENSCHNEIN
 8000 SEARS TOWER
 CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4389724

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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. 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
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **PSD** ☐ Delete
 NAME: **KLETTKE, WILLIAM A**
 STREET ADDRESS: **1250 SOUTH GROVE AVE., SUITE 200**
 CITY-ST-ZIP: **BARRINGTON IL 60010**

TITLE: ☒ Change ☐ Addition
 NAME: **600 HART RD, STE. 125**
 STREET ADDRESS: **BARRINGTON, IL 60010**
 CITY-ST-ZIP: **BARRINGTON, IL 60010**

TITLE: **VTAS** ☒ Delete
 NAME: **MCNICHOLAS, JOHN P JR.**
 STREET ADDRESS: **1250 SOUTH GROVE AVE., SUITE 200**
 CITY-ST-ZIP: **BARRINGTON IL 60010**

TITLE: ☐ Change ☐ Addition
 NAME: **8000 SEARS TOWER, 233 S. WACKER DR**
 STREET ADDRESS: **CHICAGO IL 60606**
 CITY-ST-ZIP: **CHICAGO IL 60606**

TITLE: **AS** ☐ Delete
 NAME: **DECATOR, ERIC R**
 STREET ADDRESS: **8000 SEARS TOWER**
 CITY-ST-ZIP: **CHICAGO IL 60606**

TITLE: ☒ Change ☐ Addition
 NAME: **200 W. MADISON, 17TH FLR**
 STREET ADDRESS: **CHICAGO, IL 60606**
 CITY-ST-ZIP: **CHICAGO, IL 60606**

TITLE: **D** ☐ Delete
 NAME: **JANNOTTA, EDGAR D JR.**
 STREET ADDRESS: **8100 SEARS TOWER**
 CITY-ST-ZIP: **CHICAGO IL 60606**

TITLE: ☒ Change ☐ Addition
 NAME: **200 W. MADISON, 17TH FLR**
 STREET ADDRESS: **CHICAGO, IL 60606**
 CITY-ST-ZIP: **CHICAGO, IL 60606**

TITLE: **D** ☐ Delete
 NAME: **BUDIN, ETHAN A**
 STREET ADDRESS: **8100 SEARS TOWER**
 CITY-ST-ZIP: **CHICAGO IL 60606**

TITLE: ☒ Change ☐ Addition
 NAME: **200 W. MADISON, 17TH FLR**
 STREET ADDRESS: **CHICAGO, IL 60606**
 CITY-ST-ZIP: **CHICAGO, IL 60606**

TITLE: ☐ Delete
 NAME: **CHICAGO IL 60606**
 STREET ADDRESS: **CHICAGO IL 60606**
 CITY-ST-ZIP: **CHICAGO IL 60606**

TITLE: ☐ Change ☐ Addition
 NAME: **CHICAGO IL 60606**
 STREET ADDRESS: **CHICAGO IL 60606**
 CITY-ST-ZIP: **CHICAGO IL 60606**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM KLETTKE

Date

Daytime Phone #

3/4/02 (847) 620-3800

CR2E034 (9/01)