

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 22, 2001 8:00 am**  
**Secretary of State**

01-22-2001 90093 009 \*\*\*150.00

**DOCUMENT # F92000000867**

1. Entity Name

**LUNT REALTY AND INVESTMENT CORPORATION**

Principal Place of Business

Mailing Address

6900 MCCORMICK BLVD.  
LINCOLNWOOD IL 60645

6900 MCCORMICK BLVD.  
LINCOLNWOOD IL 60645

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 **36-6063787**

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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYES ST**  
**STE 105**  
**TALLAHASSEE FL 32301**

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, 2001 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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	GROSSINGER, IRWIN	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	GROSSINGER, SHARON B	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	
TITLE	T	<input type="checkbox"/> Delete
NAME	SCHILLER, CAROLINE G	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSSINGER, GARY	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	GOULD, SUZANNE G	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL 60645	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHILLER, CAROLINE G.	
STREET ADDRESS	6900 MCCORMICK BOULEVARD	
CITY-ST-ZIP	LINCOLNWOOD IL	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	60712	
TITLE	VICE PRESIDENT & SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	60712	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVEN MORGENSTERN	
STREET ADDRESS	6900 MCCORMICK BLVD	
CITY-ST-ZIP	LINCOLNWOOD IL 60712	

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

1-8-01

Date

847-745-4215

Daytime Phone #

CR2E034 (10/00)