

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000001834

1. Entity Name

SUN POINTE BAY APARTMENTS, INC.

FILED

May 18, 2000 8:00 am  
Secretary of State

05-18-2000 90302 010 \*\*\*150.00

|   |   |
|---|---|
| Principal Place of Business<br>CNA PLAZA<br>333 SOUTH WABASH AVENUE<br>CHICAGO IL 60685 | Mailing Address<br>CNA PLAZA<br>ATTN: CORPOORATE TAX-24S<br>CHICAGO IL 60685-0001<br>US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



DO NOT WRITE IN THIS SPACE

|                             |  |
|-----------------------------|--|
| 4. FEI Number<br>36-3881002 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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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 |
|-----------|---|--|------|

|   |  |   |                             |
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| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00<br>After MAY 1, 2000 Fee will be \$550.00<br>Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|---|-----------------------------|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>LOWRY, DONALD M<br>CNA PLAZA<br>CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/DIRECTOR<br>SANDRA D. WAGMAN<br>CNA PLAZA 24 SOUTH<br>CHICAGO IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MANN, ROBERT M<br>CNA PLAZA<br>CHICAGO IL 60685 <input type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | Chairman of Board-PRESY<br>Robert M. MANN<br>CNA PLAZA 24 South<br>Chicago IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SD<br>RIBIKAWSKIS, MARY A<br>CNA PLAZA<br>CHICAGO IL 60685 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ASST VP and SECRETARY-DIR<br>MARY A. RIBIKAWSKIS<br>CNA PLAZA 24 SOUTH<br>CHICAGO IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>RYCROFT, DONALD C<br>CNA PLAZA<br>CHICAGO IL 60685 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP/TREASURER<br>Pamela S. DEMPSEY<br>CNA PLAZA 24 South<br>CHICAGO IL 60685 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>WINKENBACH, ROBERT D<br>CNA PLAZA<br>CHICAGO IL <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>ROBERT J GROB<br>CNA PLAZA - 24S<br>CHICAGO IL 60685 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | ASST. VICE PRESIDENT-DIRECTOR<br>Robert J. Grob<br>CNA PLAZA 24-SOUTH<br>CHICAGO IL 60685 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: <u>Robert J. Grob, ROBERT J. GROB, SUP, 4/27/00</u> | Date | 312-822-5194 | Daytime Phone # |
|--|------|--------------|-----------------|

CR2E034 (9/99)