

# 2002 UNIFORM BUSINESS REPORT (UBR)

0808453 AT

DOCUMENT # F94000002176

1. Entity Name

TRI - STATE RESTAURANTS, INC.

FILED

02 APR -5 PM 12:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

701 LEE ST  
STE 1000  
DES PLAINES IL 60016  
US

Mailing Address

701 LEE ST  
STE 1000  
DES PLAINES IL 60016  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3963885

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 S. 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

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 V ☐ Delete  
NAME LOPATER, LAWRENCE  
STREET ADDRESS 18 WHITEWOOD  
CITY-ST-ZIP NORTH HILLS NY 11576

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE AS ☐ Delete  
NAME BORY, JUDITH A  
STREET ADDRESS 888 7TH AVE STE 3400  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ Delete  
NAME LANUM, MONICA C  
STREET ADDRESS 731-302 BODE CIRCLE  
CITY-ST-ZIP HOFFMAN ESTATES IL 60194

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ST ☐ Delete  
NAME EVANS, BLANE P  
STREET ADDRESS 701 LEE ST STE 1000  
CITY-ST-ZIP DES PLAINES IL 60016

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE PCFO ☐ Delete  
NAME MUELLER, KURT M  
STREET ADDRESS 1009 ASHLAND  
CITY-ST-ZIP WILMETTE IL 60091

TITLE ☐ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS ☐ Change ☐ Addition  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Blane P Evans*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03/22/02

CR2E034 (9/01)