

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**


03-08-2001 90019 043 \*\*\*150.00

**DOCUMENT # F95000000890**

1. Entity Name  
**RBG XXIII CORP.**

Principal Place of Business <b>154 WEST HUBBARD, SUITE 250          CHICAGO IL 60610</b>	Mailing Address <b>154 WEST HUBBARD, SUITE 250          CHICAGO IL 60610</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-4017803</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired. <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**PRENTICE HALL LEGAL & FINANCIAL SERVICES  
 1201 HAYS ST.  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	CV	<input type="checkbox"/> Delete
NAME	<b>BLOCK, BRUCE H</b>	
STREET ADDRESS	<b>154 WEST HUBBARD, SUITE 250</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	CS	<input type="checkbox"/> Delete
NAME	<b>ROSS, ROBERT S</b>	
STREET ADDRESS	<b>154 WEST HUBBARD, SUITE 250</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GOLDFINE, ROBERT S</b>	
STREET ADDRESS	<b>154 WEST HUBBARD, SUITE 250</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input 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		<input 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		

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:  **BRUCE H. Block** 2/7/01 312-464-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)