

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002281

1. Entity Name

RBG ENCLAVE XXVII CORP.



FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90145 015 ***150.00

0651505 AT

Principal Place of Business

154 W HUBBARD

250

CHICAGO IL 60610

US

Mailing Address

154 W HUBBARD ST., STE. 250

CHICAGO IL 60610

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

36-4015118

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

PRENTICE HALL LEGAL & FINANCIAL SERVICES

1201 HAYS ST.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME CV
BLOCK, BRUCE H
STREET ADDRESS 154 WEST HUBBARD, SUITE 250
CITY-ST-ZIP CHICAGO IL 60610

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

TITLE ☐ Delete
NAME P
GOLFINE, ROBERT S
STREET ADDRESS 154 WESTHUBBARD SUITE 250
CITY-ST-ZIP CHICAGO IL

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

TITLE ☐ Delete
NAME DS
ROSS, ROBERT S
STREET ADDRESS 154 WEST HUBBARD, SUITE 250
CITY-ST-ZIP CHICAGO IL 60610

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/03 (312) 464-0100
Date Daytime Phone #

CR2E034 (10/02)