## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # **F96000002783** INTEGRATED LIVING COMMUNITIES AT CABOT POINTE, I 05-23-2000 90220 021 \*\*\*158.75 Mailing Address Principal Place of Business 111 E WACKER DR 5325 26TH ST WEST **BRADENTON FL 34207** 2400 **UUUUUU** CHICAGO IL 60601-4200 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 52-1978989 Not Applicable Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State → Fixebox (e.g. oppositions and directors) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 85 BROAD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** ☐ Addition ☐ Delete ☐ Change TITLE KLINGHER, MICHAEL K NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10004** , 🔲 Addition VSGC TITLE ☐ Change ☐ Delete LEVY, STEPHEN NAME NAME 111 E WACKER DR STE 2400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601 ☐ Addition Change TITLE ☐ Delete NAUGHTON, KEVIN NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10004** CITY-ST-ZIP DN3 OF Start ☐ Addition TITLE ☐ Delete TITLE Rothenberg, Stuart ROTHENBERG, ATUARTETH M NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10004** ☐ Change TITLE ■ Addition TITLE Delete KAPLAN, WILLIAM B NAME NAME 111 E WACKER DR STE 2400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60601

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

SIGNING OFFICER OR DIRECTOR