## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F9600006154 May 19, 2000 8:00 am Secretary of State INTEGRATED LIVING COMMUNITIES OF ST PETERSBURG. 05-19-2000 90043 047 \*\*\*158.75 Principal Place of Business Mailing Address 111 E WACKER DR 896 73RD AVENUE N. ST PETERSBURG FL 33702 STE 2400 CHICAGO IL 60601-4200 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0717442 Not Applicable Country \$8.75 Additional 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 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 .... OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE TITLE NEIDICH, DANIEL N. NAME NAME 85 BROAD STREET STREET ADDRESS STREET ADDRESS **NEW YORK NY 10004** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE KLINGHER, MICHAEL K NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10004** CITY-ST-ZIP **VSGC** ☐ Delete ☐ Change ☐ Addition TITLE TITLE LEVY, STEPHEN NAME NAME -111 E WACKER DR STE 2400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete NAUGHTON, KEVIN D NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS **NEW YORK NY 10004** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE ROTHEHBERG, STUART M NAME NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS NEW YORK NY 10004 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLÉ TITLE KAPLAN, WILLIAM B NAME NAME 111 E WACKER DR STE 2400 STREET ADDRESS STREET ADDRESS CHICAGO IL 60601 CITY-ST-ZIP CITY-ST-ZIP

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:



Stephen J. Levy 4/24/00