## 2000 UNIFORM RUCINESS REDORT /URD)

2000	UNIFO	HIN BOSII	LEGG MER C		(0011)	_		*				
DOCUMENT # F9700002695  1. Entity Name  CROWN GOLF MANAGEMENT COMPANY												
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Principal Plac			Mailing Address			1		a managariti mangan kala	sy at C	TATE		
222 N LASALLE STREET. STE 800 CHICAGO IL 60601			222 N LASALLE STREET. STE 800 CHICAGO IL 60801-1011			`		SECRETAL TALLAHAS	SEE. FI	ĠŔĺĎA		
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRIT	E IN THIS S	SPACE		
City & State			City & State			<b>4.</b> F	FEI Number	36-3926358			oplied For of Applicable	
Zip	_		Zip Cour		try	<u></u>		Status Desired		<b>\$8.75</b> Add Fee Require		
	6. Name and	Address of Current Re	gistered Agent		Name	7. N	Name and A	ddress of New R	egistered /	Agent		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Ĺ <u> </u>	ess (P.O. B	lox Number	is Not Acceptable	)			
		_		City				FL	Zip Cod	e		
8. The above	named entity subr	nits this statement for th	ne purpose of changing its	s register	ed office or reg	istered ag	ent, or both,	in the State of Flo	rida.			
SIGNATURE .	Signature, typed or printe	ed name of registered agent and	title if applicable (NO	E: Registere	d Agent signature rec	quired when re	einstating)		DATE			
Tax filing r	oration is eligible to requirement and ele ria on back)	satisfy its Intangible ects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta					tion Campaign Fin Fund Contribution		\$5.0 Added	May Be	
11.		OFFICERS AND DI	<u> </u>	12.			DITIONS/C	HANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWN, A S 222 N LASALL CHICAGO IL	e street	☐ Delete				10	: 2000 -01/28/ *****1	<b>'</b> 000:	□ Change 1 • 1 - 10420 ****15	102	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tannenbaum 222 n lasall Chicago Il		→ □ Delete		~ 1	% र हम्		S		Change		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOODMAN, RI 222 N LASALL CHICAGO IL		☐ Deleta		h .					☐ Change	C 1255	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	EVP FLYNN, SCOTI	AVE SUITE 300 30025-5823	Delete	TITL NAM STRE	E IE EET ADDRESS '-ST-ZIP					Change	<u> </u>	
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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 changed, or on an attachment with an address, with all other like empowered. field Tannel Fredric D. Tannenbaum, Secretary (312) 236-300

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #