

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90038 014 ***150.00

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DOCUMENT # F97000002914

1. Entity Name
LAKEVIEW CALUSA CORPORATION

Principal Place of Business

~~7366 NORTH LINCOLN AVENUE~~
~~SUITE 204~~
~~LINCOLNWOOD IL 60018~~

Mailing Address

~~7366 NORTH LINCOLN AVENUE~~
~~SUITE 204~~
~~LINCOLNWOOD IL 60018~~

B0052238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

155 N PFINGSTEN
 Suite, Apt. #, etc.
 # 360

3. Mailing Address

155 N PFINGSTEN
 Suite, Apt. #, etc.
 # 360

City & State

DEERFIELD, IL

City & State

DEERFIELD, IL

Zip

60015

Country

Zip

60015

Country

LAKE

4. FEI Number

36-4131918

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 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
NAME
STREET ADDRESS
CITY- ST- ZIP
 PD
 PATTIS, HOWARD E
 7366 N LINCOLN AVE., STE 204
 LINCOLNWOOD IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 VSTD
 KOHL, ROBERT
 875 N MICHIGAN AVE., STE 3245
 CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 AS
 DEITCH, I W
 55 EAST MONROE ST
 CHICAGO IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 AS
 VINER, MICHAEL B
 55 EAST MONROE ST
 CHICAGO IL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
 AS
 LEVIN, JOEL C
 55 EAST MONROE ST
 CHICAGO IL ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
 155 N PFINGSTEN # 360
 DEERFIELD IL 60015

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

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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☒ Change ☐ Addition
 200 N LASALLE # 2100
 CHICAGO IL

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02

Date

847-948-7100

Daytime Phone #

CR2E034 (9/01)