

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004847

1. Entity Name
MCM UNIVERSITY PLAZA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 20 AM 9:49

Principal Place of Business
5250 17TH STREET
SARASOTA FL 34235
US

Mailing Address
20 S. CLARK ST., 3RD FLOOR
CHICAGO IL 60603



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	36-4118464	Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARKOWITZ, MICHAEL C 5250 -17 ST 2ND FLR SARASOTA FL 34235		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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST MARKOVITZ, MICHAEL C 20 S. CLARK ST., 3RD FLOOR CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600004560436--4 -08/28/01--01088--002 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC MARKOVITZ, MICHAEL C 20 S. CLARK ST., 3RD FLOOR CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPO GRADOWSKI, CHARLES T 20 S CLARK ST CHICAGO IL 60603 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Charles T. Gradowski CHARLES T. GRADOWSKI 7/31/01 312 279-3803
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Michael Saunders & Company

Licensed Real Estate Broker

307 SOUTH ORANGE AVENUE / SARASOTA, FLORIDA 34236 / (941) 955-8200 / FAX: (941) 953-4200

July 18, 2001

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: MCM University Plaza, Inc.
Document #F97000004847

I am enclosing a copy of our check 822 in the amount of \$150.00 dated 1/15/01, which has never cleared our bank.

Also enclosed is a copy of the Uniform Business Report for MCM University Plaza, Inc.

Since this check is obviously lost, I have voided it and have also enclosed a new check to cover this filing fee.

Please feel free to call me if you have any questions.

Sincerely,


Cathy Marshall
Accounting

Enclosures