

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000785

1. Entity Name

IRP OAK HILL GENERAL CORPORATION

**FILED**  
Feb 04, 2000 8:00 am  
**Secretary of State**

02-04-2000 90024 001 \*\*\*150.00

Principal Place of Business

Mailing Address

C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD #500  
LOS ANGELES CA 90025

C/O ING REALTY PARTNERS  
11100 SANTA MONICA BLVD #500  
LOS ANGELES CA 90025-3384

00010100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

*ING Realty Management, LLC*  
Suite, Apt. #, etc.

*C/O ING Realty Management, LLC*  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

95-4664846

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCD  
MCSWEEN, ROBERT D  
135 E 57TH ST  
NEW YORK NY ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
230 Park Avenue, 14th Floor  
New York, NY 10169 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
WICKSER, JOHN  
11100 SANTA MONICA BLVD., STE 500  
LOS ANGELES CA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ENSBURY, LINDA  
11100 SANTA MONICA BLVD., STE 500  
LOS ANGELES CA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MOHAMMED, YASMIN  
11100 SANTA MONICA BLVD., STE 500  
LOS ANGELES CA ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MUTH, BRAD  
676 W MICHIGAN AVE #3350  
CHICAGO IL 60611 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
676 North Michigan Avenue, #3350 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

*Linda K. Ensberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Secretary 1-28-00 310-966-2000*  
Date Daytime Phone #