

2000 UNIFORM BUSINESS REPORT (UBR)

0567488

DOCUMENT # F98000002188

1. Entity Name

ALLIANCE SH PORTFOLIO I, INC.

FILED

00 FEB 29 AM 11:17

SECRET STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

221 N. LASALLE ST., STE.1260
CHICAGO IL 60601

Mailing Address

2400 AUGUSTA DR
450
HOUSTON TX 77057-4964

2. Principal Place of Business

3. Mailing Address

104 Wilmot Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3700

Suite 350

City & State

City & State

Deerfield, IL

4. FEI Number

36-4219044

Applied For

Not Applicable

Zip

Country

Zip

Country

60015

USA

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

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

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 ☐ Delete
NAME DVS
STREET ADDRESS IVANKOVICH, ANTHONY D
CITY-ST-ZIP 526 WOODLAND DR.
GLENVIEW IL 60025

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
9000003162119--7
-03/08/00--01051--016
****150.00 ****150.00

TITLE ☐ Delete
NAME DP
STREET ADDRESS SCHOR, ANDREW
CITY-ST-ZIP 221 N. LASALLE ST., STE.1260
CHICAGO IL 60601

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Suite 3700
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS REXROTH, NATHAN
CITY-ST-ZIP 215 W. HURON ST.
CHICAGO IL 60610

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1808 Swift Road
CITY-ST-ZIP Oakbrook, IL 60523

TITLE ☐ Delete
NAME VAS
STREET ADDRESS IVANKOVICH, STEVEN
CITY-ST-ZIP 221 N. LASALLE ST., STE.1260
CHICAGO IL 60601

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS Suite 3700
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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.

Andrew W. Schor, President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/ /2000 312-332-8000

Date

Daytime Phone #

CR2E034 (9/99)