

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91177 029 ***150.00

DOCUMENT # F98000003604

1. Entity Name

LAKE SHORE MANATEE, INC.

Principal Place of Business

**8833 GROSS POINT ROAD, SUITE 209
 SKOKIE IL 60077**

Mailing Address

**8833 GROSS POINT ROAD, SUITE 209
 SKOKIE IL 60077**

A0071422



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 208

Suite, Apt. #, etc.

SUITE 208

City & State

City & State

4. FEI Number **37-1373654**

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.

(NOT

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	WOLF, JOSEPH	
STREET ADDRESS	18833 GROSS POINT ROAD, SUITE 209	
CITY-ST-ZIP	SKOKIE IL 60077	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	HECKTMANN, BRUCE	
STREET ADDRESS	18833 GROSS POINT ROAD, SUITE 209	
CITY-ST-ZIP	SKOKIE IL 60077	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALK, BRADLEY M	
STREET ADDRESS	10 SOUTH WACKER DRIVE, SUITE 4000	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

SIGNATURE:

LAKE SHORE MANATEE, INC.
BY: JOSEPH E. WOLF - President

4-30-01 847 626-0400 x221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)