

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91418 008 ***150.00

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DOCUMENT # F98000004805

1. Entity Name
COASTLAND CENTER, INC.



Principal Place of Business
110 N. WACKER
CHICAGO IL 60606

Mailing Address
110 N. WACKER
CHICAGO IL 60606



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 **36-4247056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	MICHAELS, ROBERT A	
STREET ADDRESS	110 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	FREIBAUM, BERNARD	
STREET ADDRESS	110 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	BUCKSBAUM, JOHN	
STREET ADDRESS	110 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	RONALD, GERN	
STREET ADDRESS	110 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VAS	<input type="checkbox"/> Delete
NAME	BAYER, JOEL	
STREET ADDRESS	110 N. WACKER	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bernard Freibaum

4-1-03

(312) 960-5205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)