

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000006597

1. Entity Name

INLAND RETAIL REAL ESTATE TRUST, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90069 006 ***150.00

Principal Place of Business

4812 SOUTH TAMiami TRAIL
SARASOTA FL 34231

Mailing Address

4812 SOUTH TAMiami TRAIL
SARASOTA FL 34231-4352

2. Principal Place of Business

2901 Butterfield Rd.

3. Mailing Address

2901 Butterfield Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Oak Brook, IL 60523

Zip

Country

City & State

Oak Brook, IL 60523

Zip

Country

4. FEI Number

36-4246656(5)

Applied For

Not Applicable

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 PD ☐ Delete
NAME LAZARUS, BARRY L
STREET ADDRESS 1435 TAMARACK WAY
CITY-ST-ZIP ALPHARETTA GA 30005

TITLE PD/Treasurer ☒ Change ☐ Addition
NAME Lazarus, Barry L.
STREET ADDRESS 555 Sun Valley Drive, Suite N3B
CITY-ST-ZIP Roswell, GA 30076

TITLE S ☐ Delete
NAME ORTICELLI, SAMUEL A
STREET ADDRESS 5623 FAIRVIEW AVE
CITY-ST-ZIP DOWERS GROVE IL 60516

TITLE Steven D. Sanders, VP ☐ Change ☒ Addition
NAME
STREET ADDRESS 14497 N. Dale Mabry Hwy. #165
CITY-ST-ZIP Tampa, FL 33618

TITLE D ☐ Delete
NAME PARKS, ROBERT D
STREET ADDRESS 3701 MADISON STREET
CITY-ST-ZIP OAK BROOK IL 60523

TITLE Suzanne Ballek, Controller ☐ Change ☒ Addition
NAME
STREET ADDRESS 2901 Butterfield Road
CITY-ST-ZIP Oak Brook, IL 60523

TITLE D ☐ Delete
NAME DEIGHAN, DANIEL K
STREET ADDRESS 14 EMARITA WAY
CITY-ST-ZIP STUART FL 34996

TITLE Michael S. Rosenthal-D ☐ Change ☒ Addition
NAME
STREET ADDRESS 2901 Butterfield Road
CITY-ST-ZIP Oak Brook, IL 60523

TITLE T ☒ Delete
NAME TUCEK, KELLY
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK IL 60523

TITLE Kenneth E. Masick-D ☐ Change ☒ Addition
NAME
STREET ADDRESS 2901 Butterfield Road
CITY-ST-ZIP Oak Brook, IL 60523

TITLE V ☐ Delete
NAME MATLIN, ROBERTA S
STREET ADDRESS 2901 BUTTERFIELD ROAD
CITY-ST-ZIP OAK BROOK IL 60523

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.

SIGNATURE:

Samuel A. Ortice, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/00

Date

630/218-8000

Daytime Phone #

CR2E034 (9/99)