

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jul 18, 2000 08:00 AM****Secretary of State****DOCUMENT # F99000004139****1. Entity Name**

NEAR NORTH INSURANCE BROKERAGE, INC.

Principal Place of Business

875 N. MICHIGAN AVE., 19TH FL

CHICAGO
60611

IL

Mailing Address

875 N. MICHIGAN AVE., 19TH FL

CHICAGO
60611

IL

2. Principal Place of Business**3. Mailing Address**

875 N. MICHIGAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #1900

City & State

City & State

CHICAGO

IL

Zip

Country

Zip

Country

60611

4. FEI Number**36-3794457**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentC T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

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)

07/18/2000

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**

TITLE	V	<input type="checkbox"/> Delete
NAME	KENDEIGH DONALD	
STREET ADDRESS	607 BIRCH LANE	
CITY-ST-ZIP	FOX RIVER GROVE IL	

TITLE	VS	<input type="checkbox"/> Delete
NAME	LUDWIG JEFF	
STREET ADDRESS	1960 PALMREN	
CITY-ST-ZIP	GLENVIEW IL	

TITLE	PCD	<input type="checkbox"/> Delete
NAME	SEGAL MICHAEL	
STREET ADDRESS	1040 NORTH LAKE SHORE DR., APT 32A	
CITY-ST-ZIP	CHICAGO IL	

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

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNICHOLS TOM	
STREET ADDRESS	4028 N. MOODY	
CITY-ST-ZIP	CHICAGO IL	

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		
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		
STREET ADDRESS		
CITY-ST-ZIP		

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: TOM MCNICHOLS

V

07/18/2000