

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am  
Secretary of State

02-15-2001 90013 018 \*\*\*150.00

DOCUMENT # G11193

1. Entity Name

FIRST PADDLE CREEK, INC.

Principal Place of Business

C/O CITIBANK  
500 W. MADISON ST.  
CHICAGO IL 60661

Mailing Address

C/O CITIBANK LEGAL DEPT.  
500 W. MADISON, 8TH FLOOR  
CHICAGO IL 60661

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 36-3240489

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

CT CORPORATION SYSTEM  
1200 S. 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, 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 P  
NAME TUCK, LOUISE E  
STREET ADDRESS 500 W. MADISON ST., 5TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60661 ☒ Delete

TITLE D  
NAME RUBIN, STNALEY  
STREET ADDRESS 3851 QUEEN PALM DRIVE  
CITY-ST-ZIP TAMPA FL 33610 ☐ Delete

TITLE VPAS  
NAME SAUL, CLARENCE B  
STREET ADDRESS 500 W MADISON ST., 5TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60661 ☒ Delete

TITLE S  
NAME BRATTON, ANN R  
STREET ADDRESS 300 S. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606 ☒ Delete

TITLE VPD  
NAME REGAN, MICHAEL J  
STREET ADDRESS 500 W. MADISON, 6TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60661 ☐ Delete

TITLE D  
NAME JORDAN, ANITA  
STREET ADDRESS 500 MADISON, 5TH FLOOR  
CITY-ST-ZIP CHICAGO IL 60661 ☐ Delete

TITLE PRESIDENT  
NAME BURNER, PAUL  
STREET ADDRESS 1 COURT SQUARE,  
CITY-ST-ZIP LONG, ISLAND CITY, NY 11120 ☐ Change ☒ Addition

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

TITLE VP AND SECRETARY  
NAME SAUL, CLARENCE B  
STREET ADDRESS 500 W. MADISON ST., 5TH FL  
CITY-ST-ZIP CHICAGO, IL 60661 ☒ Change ☐ Addition

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

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

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

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, and that my signature shall have the same legal effect as if made under the seal of the Secretary of State. I am the 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 is not on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)