

2001 UNIFORM BUSINESS REPORT (UBR)

0028885 AF

DOCUMENT # L00000014529

1. Entity Name
TAMPA INVESTMENTS, LLC

FILED

01 JUN 22 AM 11:42

Principal Place of Business

7433 NORTH CLARK STREET
C/O CLARK MANOR
CHICAGO IL 60626

Mailing Address

7433 NORTH CLARK STREET
C/O CLARK MANOR
CHICAGO IL 60626

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

36-4405267

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MANAGER
NAME JACK SCHNELL
STREET ADDRESS 6548 N. ST. LOUIS
CITY-ST-ZIP LINCOLNWOOD, IL 60712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME HERSHEL HEYENDORF
STREET ADDRESS 180 E. PEARSON, APT. 5701
CITY-ST-ZIP CHICAGO, IL 60611

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME EISENBERG Family Foundation Inc
STREET ADDRESS 1438 60th Street
CITY-ST-ZIP BROOKLYN, NY 11219

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGER
NAME SANDRA OSTREICHER
STREET ADDRESS 544 WOODMERE ROAD
CITY-ST-ZIP WOODMERE, NY 11516

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)