

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014529

1. Entity Name

TAMPA INVESTMENTS, LLC

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete  
NAME SCHNELL, JACK  
STREET ADDRESS 6548 N. ST. LOUIE  
CITY-ST-ZIP LINCOLNWOOD IL 60712

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

TITLE MGR ☐ Delete  
NAME HERRENDORF, HERSHEL  
STREET ADDRESS 180 E. PEARSON, APT. 5701  
CITY-ST-ZIP CHICAGO IL 60611

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

TITLE MGR ☐ Delete  
NAME EISENBERG FAMILY FOUNDATION, INC.  
STREET ADDRESS 1438 60TH STREET  
CITY-ST-ZIP BROOKLYN NY 11219

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 #

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

01-11-2002 90002 009 \*\*\*\*50.00

05-28-2002 90725 034 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4405267

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

CR2E083 (9/01)