

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 17 PM 4:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

mm

DOCUMENT # L98000001608

1. Entity Name

CAROL STREAM WAREHOUSE, LLC

Principal Place of Business

1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308-7707

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

59-3533810

Applied For

Not Applicable

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

TODD, DAVID E

1801 HERMITAGE BOULEVARD, SUITE 100  
TALLAHASSEE FL 32308

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 NAME MGR ☐ Delete  
STREET ADDRESS FLORIDA STATE BOARD OF ADMINISTRATION  
CITY- ST- ZIP 1801 HERMITAGE BOULEVARD, SUITE 600  
TALLAHASSEE FL 32308

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 700003234767-9  
CITY- ST- ZIP -05/02/00-01035-018  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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.

Florida State Board of Administration By:  
Douglas W. Bennett, Chief Investment Officer, Real Estate

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

850/488-4406

Daytime Phone #

CR2E083 (9/99)