

# 2000 UNIFORM BUSINESS REPORT (UBR)

0016448 AB

DOCUMENT # M97000000763

1. Entity Name

ARROW FINANCIAL SERVICES, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 14 PM 12:19

Principal Place of Business

7301 NORTH LINCOLN AVE., #220  
LINCOLNWOOD IL 60646

Mailing Address

7301 NORTH LINCOLN AVE., #220  
LINCOLNWOOD IL 60712-1733



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-4189357

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 NAME MGR LAVIN, JACK  
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220  
CITY- ST- ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS *mf 2/23/00*  
CITY- ST- ZIP

TITLE NAME MGR LAVIN, RONALD  
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220  
CITY- ST- ZIP LINCOLNWOOD IL 60646 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 400003149154--7  
CITY- ST- ZIP -02/28/00--01038--007  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME MGR CUTLER, BRIAN  
STREET ADDRESS 7301 NORTH LINCOLN AVE., #220  
CITY- ST- ZIP LINCOLNWOOD IL 60646 ☐ Delete

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
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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.

SIGNATURE:

*Brian Cutler* **BRIAN CUTLER** 2/8/00 (847) 557-1100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)