

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001292

1. Entity Name

GREAVES TRAVEL L.L.C.

Principal Place of Business

**311 S. WACKER DRIVE, SUITE 950
CHICAGO IL 60606**

Mailing Address

**311 S. WACKER DRIVE, SUITE 950
CHICAGO IL 60606**

2. Principal Place of Business

304 W. Randolph Street

Suite, Apt. #, etc.

3. Mailing Address

304 W. Randolph Street

Suite, Apt. #, etc.

City & State

Chicago Illinois

City & State

Chicago Illinois

Zip

60606

Country

USA

Zip

60606

Country

USA

4. FEI Number

36-4164948

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROGOVIN, LAWRENCE H
20281 EAST COUNTRY CLUB DRIVE #1901
AVENTURA FL 33180**

7. Name and Address of New Registered Agent

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**

**200004341707--3
-06/05/01--01047--011
*****50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MGR** ☐ Delete
NAME **CAMBATA, SHAHROOKH R**
STREET ADDRESS **311 S WACKER, SUITE 950**
CITY-ST-ZIP **CHICAGO IL 60606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

Date

Daytime Phone #

4/30/01

312-726-3222

FILED

01 MAY -7 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE