

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000001568

1. Entity Name  
HOMETOWN CLOVERLEAF, L.L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 FEB 25 AM 9:15

Principal Place of Business  
70 WEST MADISON STREET, SUITE 4030  
CHICAGO IL 60602

Mailing Address  
70 WEST MADISON STREET, SUITE 4030  
CHICAGO IL 60602-4292

New Address



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
150 N. Wacker Dr.  
Suite, Apt. #, etc. #800

3. Mailing Address  
150 N. Wacker Dr.  
Suite, Apt. #, etc. #800

City & State  
Chicago, IL

City & State  
Chicago, IL

Zip  
60606

Country

Zip  
60606

Country

4. FEI Number 36-4196688

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

## 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

rf 3/8/00

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR Member ☒ Delete

NAME HOMETOWN AMERICAN, L.L.C.

STREET ADDRESS 70 WEST MADISON STREET, SUITE 4030

CITY- ST- ZIP CHICAGO IL 60602

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

## 10. ADDITIONS/CHANGES

TITLE Mgr. Member ☒ Change ☐ Addition

NAME Hometown America LLC

STREET ADDRESS 150 N. Wacker Dr., #800

CITY- ST- ZIP Chicago, IL 60606

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS 100003164771--1

CITY- ST- ZIP -03/10/00--01018--008

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS \*\*\*\*\*50.00 \*\*\*\*\*50.00

CITY- ST- ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

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:

W. C. H. M. C. L. L. C. Q. V. I. C. H. R. M. N.

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

Date

Daytime Phone #

2/1/00

312-499-3613

CR2E083 (9/99)