

2001 UNIFORM BUSINESS REPORT (UBR) Reinstatement

DOCUMENT # M99000000124

1. Entity Name

INSITE COCONUT CREEK, L.L.C.

Principal Place of Business

Mailing Address

1603 W. SIXTEENTH STREET
OAK BROOK IL 60523

1603 W. SIXTEENTH STREET
OAK BROOK IL 60523

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

36-4266975

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

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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

12-15-01

Tia Baugher

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 26, 2001

400004762104--6
-01/09/02--01034--002
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
KOSTELNY, GERALD J
1603 W. SIXTEENTH STREET
OAK BROOK IL 60523 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CUNNINGHAM, DAVID E
1603 W. SIXTEENTH STREET
OAK BROOK IL 60523 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RASH, ROBIN E
1603 W. SIXTEENTH STREET
OAK BROOK IL 60523 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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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
Gerald J. Kostelny, manager

Date

11/15/01 6:30
617.9100

Daytime Phone #



DO NOT WRITE IN THIS SPACE

0009772

CR2E083 (5/01)

REINSTATEMENT

☐ Change ☐ Addition
dec

STAPLE CHECK HERE