

2001 UNIFORM BUSINESS REPORT (UBR)

Reinstatement

0008777

DOCUMENT # M99000000217

1. Entity Name

INSITE LAKELAND, L.L.C.

FILED

01 DEC 31 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1603 WEST SIXTEENTH STREET
OAK BROOK IL 60523

Mailing Address
1603 WEST 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 36-4275129

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 *Tia Baugher*
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
Due By September 26, 2001

000004761980--4
-01/09/02--01029--030
****150.00 ****150.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE MGR
NAME CUNNINGHAM, DAVID
STREET ADDRESS 1603 WEST SIXTEENTH STREET
CITY-ST-ZIP 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

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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: *Gerald Kostelny*

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

11/15/01 630.617.9100

Daytime Phone #

CR2E083 (5/01)

REINSTATEMENT

[Signature]

STAPLE CHECK HERE