

2001 UNIFORM BUSINESS REPORT (UBR) Reinstatement

DOCUMENT # **M99000001085**

1. Entity Name

INSITE PALM BEACH, L.L.C.

FILED

02 JAN 28 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1603 W SIXTEENTH ST
OAK BROOK IL 60523**

Mailing Address

**1603 W SIXTEENTH ST
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

APPLIED FOR

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

12-15-01

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000004853710-4
-02/01/02--01065--001
*******50.00 *****50.00**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000004853710-4
-02/01/02--01065--002
*******150.00 *****150.00**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Gerald Kostelny*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Date *11/15/01* Daytime Phone # *630.617.9100*

CR2E083 (5/01)