

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16703

1. Entity Name

PARKWAY CENTER MERCHANTS ASSOCIATION, INC.

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90064 006 ****61.25

Principal Place of Business

c/o Atlas Partners, LLC
55 E. Monroe, Suite 1890
Chicago, IL 60603
USA

Mailing Address

c/o Atlas Partners, LLC
55 E. Monroe, Suite 1890
Chicago, IL 60603
USA

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

36-4357086

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

00022846

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Michael A. Altes, Attorney at Law
4465 Woodmere Street
Jacksonville, FL 32210

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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME Andrea Carroll/The Sembler Co.
STREET ADDRESS 1555 Delaney Dr., #1015
CITY-ST-ZIP Tallahassee, FL 32303

TITLE D ☐ Delete
NAME Roger F. Ruttenberg/Atlas Partners
STREET ADDRESS 55 E. Monroe, Suite 1890
CITY-ST-ZIP Chicago, IL 60603

TITLE D ☐ Delete
NAME Dawn Stevenson / Atlas Partners
STREET ADDRESS 55 E. Monroe, Suite 1890
CITY-ST-ZIP Chicago, IL 60603

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger F. Ruttenberg 2/9/01

Date

312.516.5700

Daytime Phone #

CR2E037 (11/00)